MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36823

4[illegible]0

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.: 4[illegible]0

Township: Kaw — Primary Registration District No.: — Registered No.:

City: Kansas City (No. 4107 Chestnut St. Ward)

2. FULL NAME Mrs. Clara May Combs.

(a) Residence. No. 4107 Chestnut St., 16 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Newman Combs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9th 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	52	11	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) St. Paul (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER J. Warren Jenkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Mary Allen Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana

14. INFORMANT Geo. Newman Combs (Address) 4107 Chesnut

15. FILED 11/5, 1928 M. McCrowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2nd 1928

17. I HEREBY CERTIFY, That I attended deceased from April, 1927, to Oct. 31, 1928, that I last saw her alive on Oct. 31, 1928, and that death occurred, on the date stated above, at 11:58 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Right Axilla, postoperative recurrence from Cancer of Right Breast.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. M. Perdue, M. D

11/5, 1928 (Address) 31 + Main St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt. Moriah Cemetery	11/5/28 19
20. UNDERTAKER	**ADDRESS**
R. V. Lindsey & Sons	K.C. Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.