

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

Do not use this space.

1882

1. PLACE OF DEATH *Jackson* County..... Registration District No. **399**
 Township *Pansey City* Primary Registration District No. **1002**
 City *Pansey City* (No. *2848*) Street *Franklin* St. *4th* Ward *4th*
 2. FULL NAME *James L. McCombs*
 (a) Residence No. *2848* St. *4th* Ward *4th*
 (Usual place of abode)
 Length of residence in city or town where death occurred *2* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mollie McCombs*
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov. 7 1860*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Electrician*
 (b) General nature of industry, business, or establishment in which employed (or employee) *Operator Pansey*
 (c) Name of employer *Emily Bird Thayer*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Calif.

10. NAME OF FATHER

Unknown

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

Unknown

12. MAIDEN NAME OF MOTHER

Unknown

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

Unknown

14.

INFORMANT *Wm. W. H. Gray*
 (Address) *1134 Frank.*

15.

FILED *120 29* 19 *29* *Wm. W. H. Gray*
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 29 1929*
 17. I HEREBY CERTIFY That I attended deceased from *Jan 25* to *Jan 25*, 1929, that I last saw him alive on *Jan 25*, 1929, and that death occurred, on the date stated above, at *4:10 P.*
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cephalic

821A
 7401
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? *NO* DATE OF *NO*
 WAS THERE AN AUTOPSY? *NO*
 WHAT TEST CONFIRMED DIAGNOSIS? *Chemical*
 (Signed) *Ralph H. Gray* M. D.
 130, 1929 (Address) *1111 Grand*

*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

Highland Park

DATE OF BURIAL

Jan 31 1929

20. UNDERTAKER

Fairman & Werner

ADDRESS

*514 N. 7th
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.

Dr. R. Loffler.