MAR 21 1929

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

Do not use this space.

5486

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 147

Township — Primary Registration District No. — Registered No.

City St Joseph (No. ..... St. ..... Ward)

2. FULL NAME Nettie M. McComb

(a) Residence. No. State Hosp # 2 St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm McComb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1864

7. AGE: 65 YEARS — MONTHS: ~~Jan~~ — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

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:

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

PARENTS

10. NAME OF FATHER Jacob Estep.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Maryland
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Matilda Culver
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio.
(STATE OR COUNTRY)

14. INFORMANT records
(Address) State Hospital #2

15. FILED FEB 6 1929 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1929, to Feb 2, 1929 that I last saw her alive on Feb 1, 1929 and that death occurred, on the date stated above, at 11 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis.
93C
81B Unknown (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Huntingtons Chorea (duration) 15 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? unknown.
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) E. Berends, M. D
, 19 (Address) State Hosp # 2

*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: Evergreen Cemetery — DATE OF BURIAL: Feb 4 1929

20. UNDERTAKER: F. W. Poland — ADDRESS: Cameron 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.