

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

Do not use this space.

41062

**1. PLACE OF DEATH**

County Jasper  
Township Morgan  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 5562

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

John Henry Combs  
(a) Residence (No. Oak Street Road St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Senia Evelin Combs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
73 3 29

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Railway Section Work  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired  
(c) Name of employer

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

**10. NAME OF FATHER**

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

**12. MAIDEN NAME OF MOTHER**

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

**14.**

INFORMANT Senia Evelin Combs  
(Address) Oak Street Road

**15.**

FILED 12/9/29 E. D. Kitcham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 7 1929 to Dec 7 1929, and that I last saw ~~him~~ her on Dec 7 1929, and that death occurred, on the date stated above, at 12:07 m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Heart Failure

(duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 205W  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF .....  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Phys + 10 approx  
(Signed) C. Taylor, M. D.  
, 19 (Address) Carthage, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VOLUNTARY 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**

Park & 1st St Dec. 10 1929

**20. UNDERTAKER**

**ADDRESS**

Kneel Mortuary Carthage, Mo

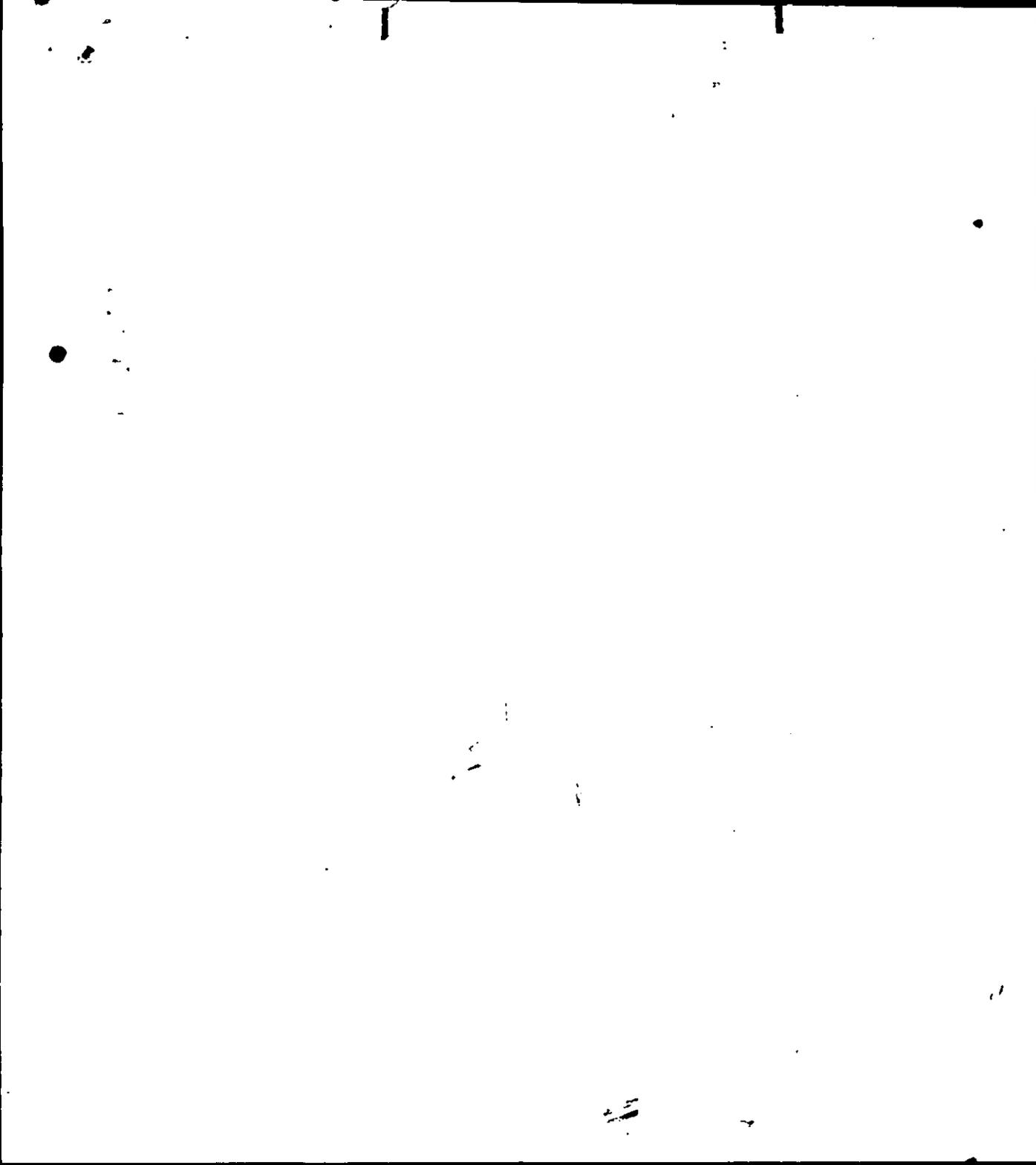
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

49  
6  
8

114  
2

31



REC'D  
DEC 22 1922  
For \_\_\_\_\_

No. \_\_\_\_\_

Dr. Taylor says, in conversation over the 'phone that this man died of heart failure and to say anything else would be "guess work". Since he is a licensed physician what he says is bound to be accepted I suppose. He signed the certificate. E.H.F.

Date \_\_\_\_\_

Reg. No. 4582

S-41062

1929