APR 30 1930

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

Do not use this space.

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1. PLACE OF DEATH
County St Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6020 — Registered No. 29
City Bonne Terre (No. ..... St. ..... Ward)

2. FULL NAME Roy Gilbert (Jack) Combs
(a) Residence. No. ..... St. ..... 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10, 1921
7. AGE: Years 9 — Months 2 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School boy
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Carythersville
(STATE OR COUNTRY) Mo
PARENTS
10. NAME OF FATHER Joseph A. Combs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) E. Tenn.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Claudie B. Barlow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newbern Tenn.
(STATE OR COUNTRY)
INFORMANT J. A. Combs
(Address) Fredericktown Mo.
15. FILED 3/28, 1930 T. A. Son REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 28 1930
17. I HEREBY CERTIFY, That I attended deceased from March 27, 1930, to March 28, 1930, that I last saw him alive on March 27, 1930, and that death occurred, on the date stated above, at 5 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intussusception, small intestine
12213
118 B1
(duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (SECONDARY) Same
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Fredericktown, Mo.
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3/27/30.
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Operative findings.
(Signed) David Elmuth, M. D
3/28 1930 (Address) Bonne Terre, Mo.
*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: Fredericktown Mo — DATE OF BURIAL: 3/30 1930
20. UNDERTAKER: Ed. H. Webb — ADDRESS: Fredericktown Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.