

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

Do not use this space.

14015

File No. ....  
Registered No. 263  
St. .... Ward)

1. PLACE OF DEATH  
County Jackson Registration District No. 395  
Township Deisher Primary Registration District No. 4232  
City Blue Springs, Mo (No. .... St. .... Ward)  
2. FULL NAME Francis M. Com  
(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 Male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 - 1854  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 10 4  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson co Mo  
13. NAME John Com  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
15. MAIDEN NAME Bridges  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
17. INFORMANT Green Westmonland  
(ADDRESS) Harrisonville Mo  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Com Cemetery DATE 4-28 1931  
19. UNDERTAKER W. W. White & Son  
(ADDRESS) Blue Springs Mo  
20. FILED 5/10 1931 F. W. S. Little Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24 1931  
22. I HEREBY CERTIFY, That I attended deceased from March 1 1931 to April 24 1931.  
I last saw him alive on April 24 1931. Death is said to have occurred on the date stated above, at 1 a.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Cystitis Date of onset 1926  
137  
1357 1927  
Other contributory causes of importance:  
Calculus and Chronic Prostatitis 1925  
Name of operation ..... Date of operation .....  
What test confirmed diagnosis? Physical Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury .....  
Nature of injury .....  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) W. G. Rowe, M. D.  
(Address) Blue Springs, Mo

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

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.

MAY 29 1931

