

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.

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

Do not use this space.

Dr. G. L. ...

32037

1. PLACE OF DEATH
 County *De Witt* Registration District No. *661*
 Township *Little Prairie* Primary Registration District No. *5862*
 City *...* (No. *...*) St. *...* Ward) *...*

2. FULL NAME *Mrs Dallis 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.

OCT 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 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 *✓*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *10-28-1881*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *49 10 6 7*
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *R. Ch.*
 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) *July 1926*
 11. Total time (years) spent in this occupation *Life*
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*
 13. NAME *Jos Stubbs*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*
 15. MAIDEN NAME *Susan Crispenberg*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*
 17. INFORMANT (ADDRESS) *Jos Combs, ...*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mary ... 9-5-1931*
 19. UNDERTAKER (ADDRESS) *...*
 20. FILED *Sept. 7, 1931* *Ada Martin* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-4-1931*
 22. I HEREBY CERTIFY, that I attended deceased from *Aug 15* 1931, to *Sept 4* 1931.
 I last saw him alive on *Sept 1* 1931. Death is said to have occurred on the date stated above, at *2:15 p.m.*
 The principal cause of death and related causes of importance were as follows:
Colitis
120 B / 120
 Other contributory causes of importance:
 Name of operation *...* Date of *...*
 What test confirmed diagnosis? *...* Was there an autopsy? *...*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *...* Date of injury *...*
 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?
 If so, specify *...*
 (Signed) *Dr. B. L. ...* M. D.
 (Address) *...*

