

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

Do not use this space.

38749

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

Near Farmington, Mo.

(No. St. + 4)

File No.

Registered No. 146

St. Ward

2. FULL NAME William Combs

(a) Residence No. Steele, Mo. St. Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male

White

Married

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

Bettie Virginia Barn

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

7. AGE

65

If LESS than 1 day,hrs. ormin.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clifton
(STATE OR COUNTRY) Tenn.

10. NAME OF FATHER Robert Combs

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

12. MAIDEN NAME OF MOTHER Prudence R. Inman

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

14. INFORMANT Hospital Records
(Address) Farmington, Mo.

15. FILED 11-10-31 W. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6, 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1931 to Nov. 6, 1931.
That I last saw him alive on Nov. 6, 1931, and that death occurred, on the date stated above, at 11:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epilepsy

CONTRIBUTORY (SECONDARY) 85 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Paul Hanks M. D.

11/7, 1931 (Address) Farmington Mo

*State the DISEASE CAUSING DEATH, or if 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 DATE OF BURIAL

Hospital Cemetery 11-10 1931

20. UNDERTAKER ADDRESS

Hospital 104 Farmington

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.

DEC 6 1931

