

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

Do not use this space.

15408

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....
Township..... Primary Registration District No.....
City.....St. Joseph..... (No. 2311 south 15 street..... St. Ward)

File No.....
Registered No. 534
St. Ward)

2. FULL NAME Mary Margaret Comello

(a) Residence, No. 2311 south 15 street 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Vincent Comello</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 28, 1902</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>9</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>House wife 235</u>
	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) Saxton /
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Clarence M Vincent /

FATHER 14. BIRTHPLACE (CITY OR TOWN) Marion /
(STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Laura Stevens

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

17. INFORMANT Vincent Comello
(ADDRESS) 2311 south 15 street St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph Missouri June 3, 1932

19. UNDERTAKER H. O. Sidenpader
(ADDRESS) 1802 Union St St. Joseph Mo.

20. FILED JUN 2 1932 John L. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31, 19 32

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1931, to May 31, 1932
I last saw her alive on May 30, 1932 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach Date of onset unk.
46 B
116 B 46 B

Other contributory causes of importance: ①

Name of operation gastrectomy Date of Sept 3 32
What test confirmed diagnosis? microscopic Was there an autopsy? yes

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 no
(Signed) H. W. Miller, M. D.
(Address) 301 N. 8th St. Joseph 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.

JUN 21 1932

