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.

File No. 19577

Registered No. 6 D 8 0 6

St. 2 D 0 8 D (Ward)

1. PLACE OF DEATH
County: Jackson
Township: Kans
City: K-C-Mo (No. 1119 Highland)
Registration District No.
Primary Registration District No.

2. FULL NAME: Otis Comer
(a) Residence, No. 1119 Highland, 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: Negro
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 27th 1913

7. AGE: Years 19 | Months 5 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 135
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla. 2

FATHER
13. NAME: Oscar Comer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER
15. MAIDEN NAME: Mahala Surber.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tex. 2

17. INFORMANT (ADDRESS): Mahala Comer 1119 Highland.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lakeside Cem. DATE: June 18 1932

19. UNDERTAKER (ADDRESS): Wist, Appleton & Jones 1600 E. 19 St.

20. FILED: 6/15 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-13-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-13-32, 19, to 6-13-32, 19
I last saw h. alive on 6-13-32, 19. Death is said to have occurred on the date stated above, at 9.50 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tubercular Meningitis	6-3-32
24 A	

Other contributory causes of importance: (1)

Name of operation: Date of:
What test confirmed diagnosis? Laboratory 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) L. N. Norwood, M. D.
(Address) 2340 Forest, K.C. Mo