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.

SEP 26 1933

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

Do not use this space.

27081

1. PLACE OF DEATH

69 County Monroe — Registration District No. 582 — File No. 47

4 Township — Primary Registration District No. 4344 — Registered No.

City Paris (No. , St. Ward)

2 2. FULL NAME EMMETT CARPENTER COMBS.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ola Pryor Combs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 18, 1877

7. AGE: YEARS 56 — MONTHS 1 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: INSPECTOR FOR MISSOURI FOOD & DRUG DEPT.

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): AUG. 1933

11. Total time (years) spent in this occupation: 1/2 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SHELBY CO. MO.

FATHER

13. NAME: JAMES COMBS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KY.

MOTHER

15. MAIDEN NAME: NANCY WARREN.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

17. INFORMANT (ADDRESS): OLA P. COMBS, Paris, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: WALNUT GROVE DATE: 8/13, 1933

19. UNDERTAKER (ADDRESS): Speed & Blakey Paris, Mo.

20. FILED: AUG 11 1933, 19 H. C. Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): AUG 11 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933, to Aug 11, 1933

I last saw him alive on Aug 11, 1933 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Perforated Ulcer Stomach — Date of onset: N.K.

117 a

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? none — 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) Geo. M. Ragsdale, M. D.

(Address) Paris, Mo.