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

Do not use this space.

38978

File No.

Registered No.

1. PLACE OF DEATH
County Worth
Township Middleport
City Worth (No. , St. Ward)

Registration District No. 1112
Primary Registration District No. 6213

2. FULL NAME Mrs. Cordelia McComas

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: John McComas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: - ------

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) (STATE OR COUNTRY): Casey County Kentucky

FATHER

13. NAME: Benjamin Dawson

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

MOTHER

15. MAIDEN NAME: Millie Coffee

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

17. INFORMANT (ADDRESS): Mrs. C. K. Gladstone Worth, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Kent Cemetery DATE Nov. 2 '33

19. UNDERTAKER (ADDRESS): Clifford Brooks Albany, Mo.

20. FILED Nov 2. 1933 C. Andrews Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 1 1933

22. I HEREBY CERTIFY, That I attended deceased from 7—19—, 1933, to 10—19—, 1933

I last saw her alive on 10—19—, 1933. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

	Date of onset
Chronic Nephritis	3 Yrs.
131	
93C	

Other contributory causes of importance: Ch. Myocarditis

Name of operation: none Date of:

What test confirmed diagnosis? Clin. 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) Frank K. H. Rose, M. D.

(Address) Albany, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. No. 2.