

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.

APR 2 1935

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph, Mo. (No. St. Joseph's Hosptl.)

85

Registration District No. 1001
Primary Registration District No. _____

File No. 8191
Registered No. 365
St. _____ Ward _____

2. FULL NAME Lee Comstock

(a) Residence, No. Gower, No. St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Mrs. Maud Comstock
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1879
7. AGE YEARS 55 MONTHS 3 DAYS 14 IF LESS than 1 day, _____ hrs. or _____ min.

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. Goetz Brew. Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Higbee (STATE OR COUNTRY) Mo.

FATHER 13. NAME Thomas Comstock (dec)

14. BIRTHPLACE (CITY OR TOWN) Gower (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Margarette Perkins (dec)

16. BIRTHPLACE (CITY OR TOWN) Higbee (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Maud Comstock (ADDRESS) Gower, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Higbee, Mo. DATE Mar. 30 1935

19. UNDERTAKER F. E. EEMAN MORTUARY (ADDRESS) _____

20. FILED 7-29 1935 John R. Guder Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1935

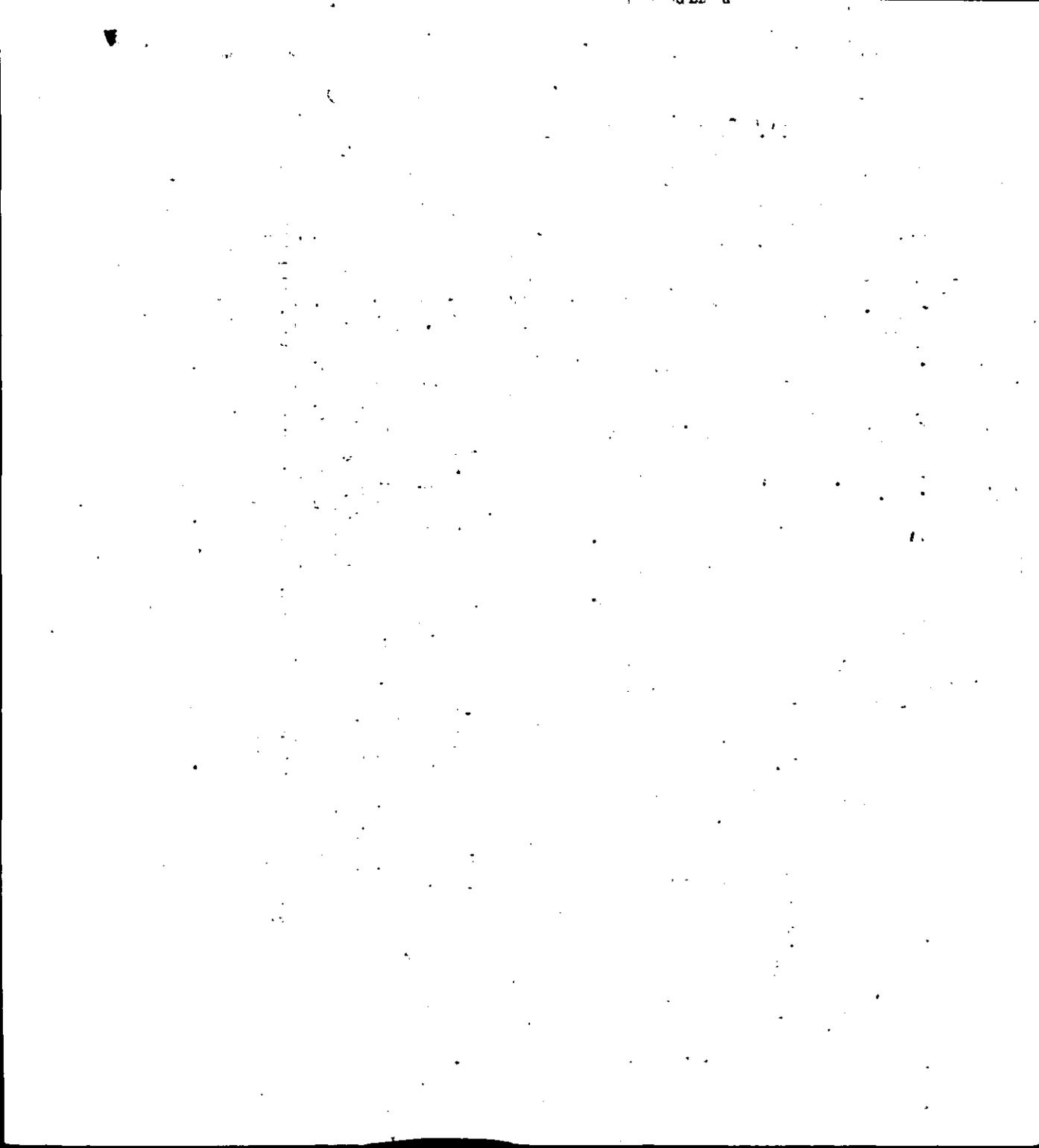
22. I HEREBY CERTIFY that I attended deceased from March 26, 1935 to March 28, 1935
I last saw her alive on March 28, 1935. Death is said to have occurred on the date stated above at 2:30 A. M.
The principal cause of death and related causes of importance were as follows:

Bronchitis Bronchopneumonia (probable) (pneumonia) Date of onset 3/28/35
fract of 2-4-6 ribs
several on left side
Carpus fract. of 4th thoracic vertebra
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 23, 1935
Where did injury occur? On highway Buchanan, Mo.
NEAR GOWER, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto accident
Nature of injury fract. of ribs & vertebra

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) M. D.
(Address) 301 31 Bldg



MAY 3 1 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

(No. St Joseph)

File No.

Registered No. 365

St. Ward)

2. FULL NAME

(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

m

4. COLOR OR RACE

w5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)m5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.55314

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER
(ADDRESS)

20. FILED

5-20-1935John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

riding in an automobile

Other contributory causes of importance

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy?

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 auto accident

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed)....., M. D.

(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

MAY 26 1965

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