

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.

AUG 22 1935

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

Do not use this space.

24161

1. PLACE OF DEATH

County Ripley
Township Jordan
City Jordan (No.)

Registration District No. 754 75
Primary Registration District No. 5988

File No. 25
Registered No. 1278
St. Ward)

2. FULL NAME

Harvey Lenwood Combs

(a) Residence, No. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 20

8. Trade, profession, or particular kind of work done, as splaner, 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) Ripley Mo

13. NAME W. R. Combs

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

15. MAIDEN NAME Mary Ward

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

17. INFORMANT (ADDRESS) W. R. Combs

18. BURIAL, CREMATION OR REMOVAL PLACE Buried DATE July 8 1935

19. UNDERTAKER (ADDRESS) Minnie G. St. John

20. FILED 7/19 1935 - Steeb Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7 1935 to July 7 1935 that saw h. alive on 19 Death is said

to have occurred on the date stated above, at not known

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

Black Widow Spider Poison Date of onset

Other contributory causes of importance: NO 4/

Name of operation Date of What test confirmed diagnosis? history 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 no

(Signed) R. H. Watson, M. D. (Address) Dorphan Mo.

