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.

APR 23 1936

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

Do not use this space.

11865

1. PLACE OF DEATH
County Perry
Township Central
City Perryville (No. ..... St. ..... Ward)

Registration District No. 660
Primary Registration District No. 5878

File No. .....
Registered No. .....

2. FULL NAME Ora Comte
(a) Residence, No. Perryville R.4 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 Female
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~~ Joseph Comte ~~Married~~
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8 1878
7. AGE YEARS 57 MONTHS 11 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) McBride Mo. Perry County, Mo

FATHER
13. NAME Joseph Thorpe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

MOTHER
15. MAIDEN NAME Margaret Manning
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Missouri

17. INFORMANT (ADDRESS) Joseph Comte Perryville Mo RFD 4
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mt. Hope Cem. Perryville Mo. DATE March 19 1936
19. UNDERTAKER (ADDRESS) Bey Undertaking Company Perryville Mo
20. FILED Mar 17 1936 Jos J Zoellner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... 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:
Unavoidable accident
Concussion of brain
Date of onset
Other contributory causes of importance:
Fractured arm
Bruised shoulder
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? accident Date of injury Mar 15, 1936
Where did injury occur? Perryville Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
St Joseph Street
Manner of injury Hit by Car
Nature of injury Concussion of brain
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) W. H. Abernathy Coroner, M. D.
(Address) Perryville Mo