

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

SEP 1 1936

30640

1. PLACE OF DEATH

County Greene  
Township Center  
City (No. ...., ..... St. .... Ward)

Registration District No. 320  
Primary Registration District No. 3443

File No. 17  
Registered No. ....

2. FULL NAME ROBERT HIRAM McCOMB

(n) Residence, No. Bois D'Arc, Missouri Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. x mos. x 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 Mrs. R.H. McComb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8 / 4 / 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 0 2 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer,  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General farming  
10. Date deceased last worked at this occupation (month and year) Mch. 1st 1930 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Grove Ohio

13. NAME Robert C. McCamb

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

15. MAIDEN NAME Elizabeth Turner,

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

17. INFORMANT (ADDRESS) Mrs. R.H. McComb Bois D'Arc, Mo.

18. BURIAL, CREMATION, OR REMOVAL Springfield Green Lawn Cem. DATE 8/21/1936

19. UNDERTAKER (ADDRESS) Alma Lohmyer J. Windle Springfield Mo.

20. FILED 8/20/36 Lucy C. Heyal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 / 20 / 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/1/1935, 19  , to 8/20/1936, 19  .

I last saw him alive on 8/20/1936, 19  . Death is said to have occurred on the date stated above, at 8.30 A.M.

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

Chron. interstit. Nephritis Date of onset 1933

Other contributory causes of importance:

Myocarditis.

Name of operation none Date of .....

What test confirmed diagnosis? Usual symp. there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? x Date of injury ....., 19  

Where did injury occur? ....., 19    
(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) B. J. Windle M.D. M. D.

(Address) Bois D'Arc, Missouri.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

OCT 20 1954