La Hew

DEC 18 1936

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

Do not use this space.

40338

1. PLACE OF DEATH
County Bates
Township Osage
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 53
Primary Registration District No. 5087

File No. .....
Registered No. 44

2. FULL NAME David Mc Comb
(a) Residence, No. RFD # 1 Rich Hill Mo. 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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16 1877

7. AGE YEARS 58 MONTHS 11 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer
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) Bloomington Illinois.

FATHER
13. NAME David Mc Comb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kilwinning Scotland

MOTHER
15. MAIDEN NAME Elizabeth Hughes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cardiff Wales

17. INFORMANT (ADDRESS) Lizzie Mc Comb

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Nov. 29/36, 19

19. UNDERTAKER (ADDRESS) Booth Funeral Service Rich Hill Missouri

20. FILED Nov 29, 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25th/36, 19

22. I HEREBY CERTIFY That I attended deceased from Nov. 18th, 1936, to Nov 25, 1936
I last saw him alive on Nov 25th, 1936. Death is said to have occurred on the date stated above, at 7:55 P.M. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? X R & 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 ..... No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) L. D. La Hue, M. D.
(Address) Butler, 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.