JAN 19 1937

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

Do not use this space.

44813

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 1720 Holmes St. Ward)

2. FULL NAME George McCombs.
(a) Residence, No. 1720 Holmes 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 Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1878
7. AGE YEARS 58 MONTHS 5 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common labor
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) Hopkinsville Kentucky

FATHER
13. NAME Hiram McCombs.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Maria [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Anna Smith. 1720 Holmes.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka Kansas DATE 12/14 1936
19. UNDERTAKER (ADDRESS) Watkins Bros 1729 Lydia
20. FILED Dec 14 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/12 1936
22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1936, to Dec 12, 1936
I last saw him alive on Dec 12, 1936. Death is said to have occurred on the date stated above, at 9 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	12/12/36
Other contributory causes of importance: Chronic nephritis	about 10/31/35

Name of operation none Date of
What test confirmed diagnosis? lab + clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Eugene Carbaugh M.D.
(Address) 714 Bayant Bldg

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.