

JAN 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Polk

Registration District No. 703

Township Johnson

Primary Registration District No. 44324

City Huffman, Mo.

File No. 45839

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Francis Joseph Coombs

(a) Residence, No. 2412 1/2 E. 1st St. Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 13-1907

7. AGE YEARS 29 MONTHS 2 DAYS 7 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm

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 U. S. & F. \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County, Missouri

13. NAME Francis Joseph Coombs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, County, Missouri

15. MAIDEN NAME Clara Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton, County, Missouri

17. INFORMANT Mrs. Clara Coombs

18. BURIAL, CREMATION, OR REMOVAL PLACE DePaula DATE 12/20/36

19. UNDERTAKER John Jones

20. FILED 12/21/36 Ora M. Rich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1936, to Dec 20 1936

I last saw him alive on Dec 20 1936 Death is said to have occurred on the date stated above, at 7:00 a.m.

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

Surgery of appendix Date of onset 12-18-36

Other contributory causes of importance: none

Name of operation Appendectomy Date of 12-18-36

What test confirmed diagnosis Operative 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 \_\_\_\_\_, 1936

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 \_\_\_\_\_

(Signed) J. Stufferbauer M. D.

(Address) Humboldt Mo.

Hospital

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.

