

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 27 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 13265
Registered No. 31
St. _____ Ward)

1. PLACE OF DEATH
County St. Francois Registration District No. 775
Township Boyer Primary Registration District No. 6.020-A
City Boone Grove Mo. (No. _____)

2. FULL NAME Cleana Marie Mc Combs
(a) Residence, No. Boone Grove Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 23, 1936</u>				
7. AGE	YEARS <u>0</u>	MONTHS <u>4</u>	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>			
	13. NAME <u>Melvin Mc Combs</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Grove Missouri</u>			
	15. MAIDEN NAME <u>Mabel Roy</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centralia Illinois</u>				
17. INFORMANT (ADDRESS) <u>Melvin Mc Combs Boone Grove Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Adams Cemetery</u> DATE <u>March 20, 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Benham Mfg Co Boone Grove Mo</u>				
20. FILED <u>Mar. 20, 1937</u> <u>N. W. Hawkins</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar-19-, 1937, to Mar 19, 1937
I last saw h. arrive on Mar-19-, 1937 Death is said to have occurred on the date stated above, at 2:15 P. m.
The principal cause of death and related causes of importance were as follows:
Malnutrition
Date of onset _____
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N.M.O.
Other contributory causes of importance: unknow

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? _____ 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) A. Curran, M. D.
(Address) Boone Grove Mo.

