

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

Do not use this space.

40114

DEC 20 1937

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 21st. Indiana) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 4428

2. FULL NAME Elsie E. COMBE.  
 (a) Residence, No. 3132 Campbell St. 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 Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harold A. Combe.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1899  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 38 9 12  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A. Worker.  
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/1/37, 19\_\_\_\_  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:

Automobile trauma  
Resulting injury of chest  
hemorrhage  
 Other contributory causes of importance:  
no 2/10/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado.  
 13. NAME George Seitz.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 15. MAIDEN NAME Anna Farneka  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Mrs. Katherine Richter  
455 Woodbury Glendale Cal.  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Elmwood DATE 11/ 5/ 37  
 19. UNDERTAKER (ADDRESS) Melody-McGilley  
K. C. Mo.  
 20. FILED Nov 4 1937 Registrar

Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
 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 \_\_\_\_\_  
 Where did injury occur? 21st. Indiana (Specify city or town, county, and State)  
 Specify whether injury occurred in factory, in home, or in public place.  
 Manner of injury struck by motor car  
 Nature of injury \_\_\_\_\_  
 24. Was disease (injury) directly related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) [Signature] M. D.  
 (Address) [Signature]

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.

