

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Greene Registration District No. 944
Township Jackson Primary Registration District No. 5447 B
City Stratford Mo. St. _____ Ward _____

File No. 45455

Registered No. _____

2. FULL NAME

Mrs. Florence Comstock
(a) Residence, No. Stratford 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Geo. Comstock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 6 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20
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) Hendricks Co. Ind.

FATHER 13. NAME Christopher Branch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

MOTHER 15. MAIDEN NAME Maria Gopfinger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT (ADDRESS) George F. Comstock (Son) Stratford Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Manufactch. Dec 2-31

19. UNDERTAKER (ADDRESS) Alma J. Meyer Stratford Mo.

20. FILED Dec 21 1937 Chas. P. Garrison Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1-1937

22. I HEREBY CERTIFY, That I attended deceased from July 12th 1937 to Dec. 1st 1937
Last saw h.c. alive on Dec 1st 1937 Death is said to have occurred on the date stated above, at 10a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Chin 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 _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) R. H. Fretz M. D.

(Address) Stratford Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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