

JAN 21 1938

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

Do not use this space.

46343

1. PLACE OF DEATH  
 80 County Pettis Registration District No. 672  
 Township Wresden Primary Registration District No. 5895  
 City (No. ) St. ( ) Ward ( )

2. FULL NAME Lusie A. Comfort  
 (a) Residence, No. Bedalia Mo. P.F.D. 1 St. ( ) Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 5 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
 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) July 8 - 1868

7. AGE YEARS 69 MONTHS 5 DAYS 5 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) Nov 1937  
 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) Doubling Green  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME James Comfort  
 14. BIRTHPLACE (CITY OR TOWN) Doubling Green  
 (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Mary A. Jenkins  
 16. BIRTHPLACE (CITY OR TOWN) Doubling Green  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. L. W. Comfort  
 (ADDRESS) Bedalia Mo. P.F.D. 1

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE La Monte DATE Dec 15 1937

19. UNDERTAKER M. L. Westraab  
 (ADDRESS) Houston Mo

20. FILED Dec 13 1937 J. J. Paus  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1937 to Dec 13 1937  
 I last saw h. alive on Dec 12 1937 Death is said to have occurred on the date stated above, at 2:10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
 Date of onset 12-6-37

Other contributory causes of importance:  
slight fever

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chimed 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) Alfred E. Moore, M. D.  
 (Address) 111 W. 4th Bedalia Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

UNITED STATES DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20535

TO: SAC, NEW YORK  
FROM: SAC, PHOENIX  
SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

UNITED STATES DEPARTMENT OF JUSTICE

TO: SAC, PHOENIX  
FROM: SAC, NEW YORK  
SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]