

REC'D JUL 11 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Repley  
Township Union  
City Potosi

Registration District No. 753  
Primary Registration District No. 5993

22779

File No. ....  
Registered No. 1533

## 2. FULL NAME

Virgie Mae Halcomb 425

(a) Residence, No. .... St., ..... Ward.

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) Single

SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
29 5 0

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

MOTHER 13. NAME R. L. Halcomb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi, Mo.

15. MAIDEN NAME Lara Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hatwood, Mo.

17. INFORMANT R. L. Halcomb  
(ADDRESS) Potosi, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Johnsons Chap DATE June 17 1938

19. UNDERTAKER Black Mortuary  
(ADDRESS) Washington St

20. FILED 6-17-38 W. J. Halcomb  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/16 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/12 1938 to 6/16 1938

I last saw her alive on 6-12-38 Death is said to have occurred on the date stated above, at 6 P. M.

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

Date of onset

Pulmonary Tuberculosis unknown

Other contributory causes of importance: 72 H

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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) Clifford G. Ford M. D.

(Address) Washington St

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.

