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.

REC'D NOV 22 1938

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

Do not use this space.

1. PLACE OF DEATH
County Putnam
Township
City Unionville (No. ..... St. ..... Ward)
Registration District No. 718
Primary Registration District No. 6430
File No. 36587
Registered No. 57

2. FULL NAME Ida Vesta Comstock
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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 Jasper N. Comstock
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14-1862
7. AGE YEARS 75 MONTHS 9 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year) July 1938
11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. Mo.

FATHER
13. NAME James L. Robbins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Sarah Jane Drury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) J. M. Comstock Unionville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Unionville DATE Oct 14 1938
19. UNDERTAKER (ADDRESS) Comstock Mere Co Unionville Mo.
20. FILED Oct 15 1938 N. W. Gillum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1937, to Oct 12, 1938
I last saw her alive on Oct 12, 1938. Death is said to have occurred on the date stated above, at 11 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular disease, chronic	Oct 1937
Other contributory causes of importance:	
Arthritis	2 yrs

Name of operation None 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) N. W. Gillum, M. D.
(Address) Unionville, Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-38-551
Date Filed 11-4-38