REC'D MAR 20 1939

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

Do not use this space.

1. PLACE OF DEATH
County Butler — 1 Registration District No. 87
Township Beaver Dam — Primary Registration District No. 5129
City ..... (No. ..... St. ..... Ward)

File No. 6035
Registered No. 3

2. FULL NAME 512 Jimmie Harold Combs —
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 14 - 1939
7. AGE: YEARS — MONTHS — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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.
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) Harriell - R.R. - Butler Co - Mo.

FATHER
13. NAME W. R. Combs —
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harriell - Butler Co - Mo.

MOTHER
15. MAIDEN NAME Mary Ward —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair dealing - Mo.

17. INFORMANT (ADDRESS) W. R. Combs.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Crockren - Cem - DATE Jan - 22 - 1939
19. UNDERTAKER (ADDRESS) Mrs. Minnie Gish - Naylor Mo.
20. FILED 2-28 1939 M. Sappington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 21 - 1939
22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1939, to 1-21, 1939
I last saw him alive on 1-20-, 1939. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia (Primary) — Date of onset

10 A

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) H. Clay, M. D.
(Address) Poplar Bluff Mo

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.