

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

Do not use this space.

1939 JUN 8 1939

1. PLACE OF DEATH

County Greene Registration District No. 328
 Township Greentown Primary Registration District No. 3017
 City Greentown (No. _____) St. _____ Ward _____

2. FULL NAME

William Ockew Comstock
 (a) Residence, No. 315 De Balt St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 29 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carmelia May Comstock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railway Engineer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C.R. & P. Railway
 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) Evansville Illinois

13. NAME James M. Comstock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario Canada

15. MAIDEN NAME Phoebe Ann Spooner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Mrs W. G. Comstock Greentown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE March 20 1939

19. UNDERTAKER (ADDRESS) Hemley Funeral Home Greentown Mo

20. FILED 3-20 1939 Irene D. Fair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939 to March 16, 1939
 I last saw him alive on March 16, 1939 Death is said to have occurred on the date stated above, at 11:50 am.

The principal cause of death and related causes of importance were as follows:
Lympho Sarcoma
P. side of neck
Later metastatic Lesions Date of onset 1938

Other contributory causes of importance: 52'

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys signs 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) E. W. Shuffly, M. D.
 (Address) Greentown Mo.

18702

File No. _____
 Registered No. _____

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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FEB 10 1948

Order No. 11;

District File Number

JUN I

39-566
1939

Date Filed

APR 23 1945

JUL

9 1946