

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

Do not use this space.

39376

JAN 16 1936

1. PLACE OF DEATH

County Henry Registration District No. 349
Township Springfield Primary Registration District No. 2500
City Calhoun (No.) St. Ward)

File No.
Registered No. 22

2. FULL NAME

William Harvey Combs
(a) Residence, No. Calhoun Mo. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 8 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 Widowed (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily Combs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12 1855

7. AGE YEARS 80 MONTHS 4 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. Merchant

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 15 yrs.

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

FATHER 13. NAME William Harvey Combs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. S. H. George Calhoun Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Combs Cemetery 12-9-35

19. UNDERTAKER (ADDRESS) William Funeral Home Calhoun Mo.

20. FILED Dec 9, 1935 Mrs. A. C. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1935

I HEREBY CERTIFY, That I attended deceased from Dec. 7 1935 to Dec 8 1935

I last saw h. in alive on Dec 7 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Chronic interstitial nephritis (uremia) Date of onset Dec/35

Other contributory causes of importance: Asphyxia Dec 6/35

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) S. B. Hughes, M. D.
(Address) Calhoun, 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.

