

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

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.

JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township White Oak
City Uranch (No. _____)

Registration District No. 347
Primary Registration District No. 5495

File No. 21966
Registered No. _____
St. _____ Ward _____

2. FULL NAME Missie May Combs

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode)

552

Length of residence in city or town where death occurred 62 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF J. D. Combs

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1938, to June 12, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16, 1870

I last saw her alive on June 12, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 7 26

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) Jan 1, 1938 11. Total time (years) spent in this occupation 40

Emphysema Date of onset 6/4-38

Other contributory causes of importance:
Asthma Cardiac 3 yrs
Cardiac Dilatation 1 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County Mo.

13. NAME Thomas Wm. Miller

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? no

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

If death was due to external causes (violence), fill in also the following:
Ident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Rebecca Hill Miller

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) J. D. Combs

17. INFORMANT (ADDRESS) J. D. Combs

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Uranch Cemetery DATE June 14, 1938

19. UNDERTAKER (ADDRESS) Grahan Thompson Co
Uranch Mo

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. F. McDonald M. D.
(Address) Uranch Mo.

20. FILED 6-20, 1938 BY J. P. Hamphrey Registrar. 312

