

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

Do not use this space.

32196

1. PLACE OF DEATH

County Randolph Registration District No. 733 File No. _____
 Township _____ Primary Registration District No. 4438 Registered No. 116
 City Huntsville (No. _____) St. _____ Ward _____

2. FULL NAME

George W. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mo. 6-1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 6 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor at various shops
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER George Comstock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Lucretia Perkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Huntsville Mo.

14. INFORMANT Elsie Haynes

(Address) Huntsville City Mo.

15. FILED Oct 7 1931

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1931, to Sept 30, 1931, that I last saw h. alive on Sept 30, 1931, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic Bright's Disease

131
71

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterio-sclerosis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

9 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) J. Bragg, M. D.

, 19 (Address) Huntsville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Methodist Cem

Oct 8 1931

20. UNDERTAKER

ADDRESS

Tom B Patton

Huntsville

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.

OCT 26 1931

