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.

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 2162
12 Township Beaverdam — Primary Registration District No. 5129 — Registered No. 2
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Fanny Florence Combs 512
(a) Residence, No. Harwell, Mo. R #1 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1890

7. AGE: YEARS 47 — MONTHS 5 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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 1938
11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poplar Bluff Mo. R 7

FATHER
13. NAME Wm Ryan Combs
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Emma Ann Epps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harwell Mo. R #1

17. INFORMANT (ADDRESS) Fay Combs Harwell Mo. R #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cochran Cemetery DATE 2 - 5 - 1938

19. UNDERTAKER (ADDRESS) Minnie Gish Naylor Mo.

20. FILED 2-6 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 2 - 3 - 1938, to 2 - 4 - 1938
I last saw her alive on 2 - 3 1938. Death is said to have occurred on the date stated above, at 10 30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-28-38

108

Other contributory causes of importance:
None.

Name of operation ..... 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.

RECEIVED FEB 21 1938 BUREAU OF VITAL STATISTICS MO. STATE BOARD OF HEALTH

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) R. L. Turner, M. D.
(Address) Neelyville, Mo