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.

File No. 2943

Registered No.

1. PLACE OF DEATH
County Howell
Township Howell
City (No. , St. Ward)

Registration District No. 384
Primary Registration District No. 5535

46

2. FULL NAME AMERICA ANN McCOMB 251
(a) Residence, No. West Plains, Mo. R.R. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. H. McComb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1866

7. AGE: YEARS 71 | MONTHS 0 | DAYS 25 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Oct. 37
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Georgia

FATHER
13. NAME E. W. Hutchins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER
15. MAIDEN NAME Eliz. Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

17. INFORMANT Geo. H. McComb
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL Howell Valley Cem.
PLACE West Plains, Mo. DATE Jan. 25, 1938

19. UNDERTAKER Hal Thompson
(ADDRESS) West Plains, Mo.

20. FILED 1-25 1938 Ida N Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1938, to Jan. 23rd, 1938, I last saw her alive on January 22nd, 1938. Death is said to have occurred on the date stated above, at 9:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer, Chronic with severe gastric hemorrhage that occured Jan. 18th, 1938.	
Other contributory causes of importance: Myo-carditis, chronic.	?

Name of operation None. Date of X
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) A. H. Thompson, M. D.
(Address) West Plains, Mo.

RECEIVED
FEB 24 1938
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MO. STATE BOARD OF HEALTH