

R46/162

**CERTIFICATE OF DEATH.**

No. of BURIAL PERMIT. 6289 No. of RECORD. 3690

**DISTRICT OF COLUMBIA.**

FULL INSTRUCTIONS FOR THE GUIDANCE OF THOSE USING THIS BLANK, AND SPACE FOR REMARKS MAY BE FOUND ON THE OTHER SIDE.

1. Date of this Death October 14 1901

2. Full Name of Deceased Robert Manning Combs  
If an unnamed infant, insert full names of both parents.

3. Sex: \_\_\_\_\_ 4. Age: 27 5. Color. White 6. Conjugal Condition. Married

YEARS 27 MONTHS \_\_\_\_\_ DAYS \_\_\_\_\_

WHITE \_\_\_\_\_ COLORED \_\_\_\_\_ INDIAN \_\_\_\_\_ CHINESE \_\_\_\_\_ JAPANESE \_\_\_\_\_

SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ DIVORCED \_\_\_\_\_

Under sex, color and conjugal condition, strike out the words not applicable.  
Under color, the term "colored" includes all of African descent, whether of pure or mixed blood.

7. Occupation Clerk

8. Birthplace of Deceased D.C.

9. Birthplace of Father D.C.

10. Birthplace of Mother \_\_\_\_\_

11. Duration of Residence in this District \_\_\_\_\_

12. Place of Death Phoenix Arizona

13. Cause of Death Pulmonary Hemorrhage

PRIMARY \_\_\_\_\_ IMMEDIATE \_\_\_\_\_

14. If Death Occurred in an Institution, give:  
NAME OF INSTITUTION \_\_\_\_\_  
LENGTH OF TIME DECEASED WAS AN INMATE \_\_\_\_\_

15. If Deceased did not Die at his or her Residence, give:  
PLACE OF RESIDENCE \_\_\_\_\_

I hereby certify that I attended the deceased professionally during \_\_\_\_\_ last illness.

M. D., \_\_\_\_\_  
Address \_\_\_\_\_

**To be Filled Out and Signed by the Undertaker:**

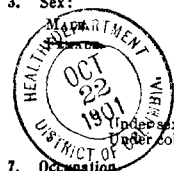
PLACE OF BURIAL Congressional Cemetery DATE OF BURIAL October 13, 1901

**If Body is to be Buried Outside of the District, state:**

ROUTE OF TRANSPORTATION \_\_\_\_\_ DATE OF REMOVAL \_\_\_\_\_ 1901

SIGNATURE Geo. P. Zuehlke Undertaker, Address 703 3d St. S.E.

THIS SPACE RESERVED FOR BINDING.



**TRANSIT PERMIT**

City of Phoenix, County of Maricopa, Territory of Arizona, Oct. 13 1901

Permission is hereby given to remove the remains of Robert Combs

Age 27 who died at Phoenix

Arizona, County of Maricopa, on the 14th day of October 1901

Sex of deceased Male Race American Place of birth Washington D.C.

Cause of death being Pulmonary Hemorrhage which is a non-contagious disease and a

Transit Permit is asked for burial at Washington

in the State of D.C.

Name of person in charge Wells Fargo Express Co.

Attending Physician's Certificate. Hughes

THIS CERTIFIES that the death of \_\_\_\_\_

Health Officer

MUST IN ALL CASES ACCOMPANY THE BODY TO ITS DESTINATION.

A. J. FUNERAL DIRECTOR