

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

1 PLACE OF DEATH

County Carroll  
Township Miami  
Village  
City

Registration District No. 136 File No. 38501  
Primary Registration District No. 5264 Registered No. 31

(NO. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Oliver Clyde Womack

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
6 DATE OF BIRTH <u>July 15 1917</u> (Month) (Day) (Year)		
7 AGE <u>1 yrs. 4 mos. 13 ds.</u>		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>MO</u>		
PARENTS	10 NAME OF FATHER <u>James Womack</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Lena Atkins</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>MO</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 28 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov. 18 1918 to Nov. 28 1918, that I last saw him alive on Nov. 27 1918, and that death occurred, on the date stated above, at 4 A.M.

The CAUSE OF DEATH\* was as follows:  
Broncho pneumonia

(Duration) 10 yrs. 5 mos. 5 ds.

CONTRIBUTORY Influenza  
(Secondary)

(Duration) 12 yrs. 12 mos. 12 ds.

(Signed) H. D. Gentry M. D.  
Nov. 28 1918 (Address) Miami MO

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death, yrs. mos. ds. In the State, yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Pleasant Park Cemetery DATE OF BURIAL 29 1918

20 UNDERTAKER McEllen Bros ADDRESS 202 W. 1st St. MO

4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) James Womack  
Miami Station MO  
(Address)

Filed Nov 28 1918 S. Calvin Hickerson  
Registrar

# Revised United States Standard Certificate of Death

[by U. S. Census and American Public Health Association.]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative values of various pursuits can be known. The occupation applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive engine driver*, *Stationary fireman*, etc. But in some cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore a second line is provided for the latter purpose. This line should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Department store*; (a) *Foreman*, (b) *Automobile factory*. If a person has worked on may form part of the second line. Never return "Laborer," "Foreman," "Dealer," etc., without more precise information, as *Day laborer*, *Farm laborer*, *Laborer*—*etc.* Women at home, who are engaged in the care of the household only (not paid *Housewife* or *Housemaid* and do not receive a definite salary), may be entered as *At home*, and children, who are not regularly employed, as *At school* or *At home*. If a person is taken to report specifically the occupation of persons engaged in domestic service for hire, as *Servant*, *Cook*, *Housemaid*, etc. If the person has been changed or given up on account of illness, state occupation at the time of death. If retired from business, that fact should be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever,

**Statement of cause of death.**—Name, first, of the disease CAUSING DEATH (the primary affection leading to time and causation), using always the standard term for the same disease. Examples: *Epidemic cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc.*, *Carcinoma*, *Sarcoma*, etc., of..... (name of organ); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthma," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)