30 1928

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

Do not use this space.

1. PLACE OF DEATH
County: Webster — Registration District No.: 897 — File No.: 26274
Township: — Primary Registration District No.: 4543 — Registered No.: 242
City: Seymour (No. ..., ... St., ... Ward)

2. FULL NAME: Eliga Wommack

(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident give city or town and State)
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): Married

5a. If Married, Widowed, or Divorced, HUSBAND OF ~~(or) WIFE OF~~: Margrett Wommack

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 25 1852

7. AGE: Years 75 | Months 10 | Days 16 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Tennessee

PARENTS
10. NAME OF FATHER: William Wommack
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY): Not known
12. MAIDEN NAME OF MOTHER: Adeline Billings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY): Not Known

14. INFORMANT: J. H. Wommack
(Address): Seymour Mo.

15. FILED 7/11 1928 L. A. Watson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 11 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1st 1928 to July 11 1928 that I last saw h. alive on July 9 1928, and that death occurred, on the date stated above, at 2400 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Disease
Tb
90
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS ...
(Signed) [illegible], M. D.
7/11 1928 (Address) Seymour Mo

*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: Cedar Bluff Cemetery — DATE OF BURIAL: 7-12 1928
20. UNDERTAKER: L. A. Watson — ADDRESS: Seymour Mo

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.