

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

Do not use this space.

39968

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Wakarusa Primary Registration District No. 5193
City (No. City St. Ward)

File No. _____
Registered No. 129

2. FULL NAME

Samuel W Womack Jr
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-12-1929

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, _____ hr. or _____ min. 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Carroll Co Mo (STATE OR COUNTRY)

10. NAME OF FATHER Samuel W Womack

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carroll Co Mo (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Hattie May Cowick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wakarusa Mo (STATE OR COUNTRY)

14. INFORMANT Samuel W Womack (Address) Carrollton

15. FILED 12-14-1929 ms. E. E. Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

12-13-

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-13 1929

17. I HEREBY CERTIFY, That I attended deceased from 12-12, 1929, to 12-13, 1929, that I last saw him alive on 12-12, 1929, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:

congenital cardiac disease

CONTRIBUTORY (SECONDARY) 1596

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at home

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS symptoms
(Signed) W. H. G. H. M. D.

12-14, 1929 (Address) Carrollton, 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 Adkins Cemetery DATE OF BURIAL 12-15-1929

20. UNDERTAKER Willis Bros ADDRESS Carrollton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

