WHITE 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.

MAY 23 1931

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

Do not use this space.

13839

File No. 316

Registered No.

1. PLACE OF DEATH

34 County Greene — Registration District No. 318

3 Township — Primary Registration District No. 2201

5 City Springfield (No. 2801 N. Summit St. Ward)

2. FULL NAME Henry Alexander Womack

(a) Residence, No. 2801 N. Summit 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~~ Mattie Womack

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 - 1863

7. AGE: YEARS 68 | MONTHS 0 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

FATHER

13. NAME Henderson Womack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina 2

MOTHER

15. MAIDEN NAME Elizabeth Trentham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT (ADDRESS) Delia Stearnes Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Bluff Cemetery DATE April 21 1931

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. 424 Commercial St. Springfield Mo.

20. FILED 4-21 1931 Lou Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/10 1931, to 4/20 1931

I last saw him alive on 4/16 1931. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

Valular Heart Lesion — Date of onset

92a — 29 n ago

Other contributory causes of importance: Extreme Dropsy

Name of operation no — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury —, 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) P. F. Fremont, M. D.

(Address) Springfield Mo.

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