

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.

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

Do not use this space.

APR 25 1934

1. PLACE OF DEATH

County Pettis
Township _____
City Sedalia

Registration District No. 669
Primary Registration District No. 3032
(No. 201 E. Walnut St.

File No. 9956
Registered No. 668
St. _____ Ward _____

2. FULL NAME Charlie Franklin Wombles

(a) Residence, No. 201 E Walnut 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15, 1934</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>15</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

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

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

FATHER 13. NAME Ben Wombles

14. BIRTHPLACE (CITY OR TOWN) Benton Co. (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Daisy Cornine

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

17. INFORMANT Ben Wombles (ADDRESS) 201 E. Walnut Sedalia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Mar. 3 1934

19. UNDERTAKER Gillespie Furn Home (ADDRESS) Sedalia, Missouri

20. FILED 3-5- 1934 Jean Slack Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-28 1934, to 3-2 1934.
I last saw him alive on 2-28 1934. Death is said to have occurred on the date stated above, at 6 P. M.
The principal cause of death and related causes of importance were as follows:

Branchial Pneumonia 2-28-34

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1934

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

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

If so, specify _____

(Signed) W. E. G. P. H. M. D.

(Address) Sedalia, Mo.

