

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

Do not use this space.

JUN 17 1937

1. PLACE OF DEATH
 County Buchanan Registration District No. 35
 Township St. Joseph Primary Registration District No. 100
 City St. Joseph (No. Missouri, Methodist Hosp.) St. Ward

File No. 19476
 Registered No. 567

2. FULL NAME Green B. Womack
 (a) Residence, No. 2402 So. 28th St. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 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 Nettie Womack		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 22, 1874		
7. AGE	YEARS 63	MONTHS 3	DAYS 20	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contracting Carpenter.			
	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) May, 1937		11. Total time (years) spent in this occupation 35	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tecumseh, Neb.				
FATHER	13. NAME Green B. Womack			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk.			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk.			
17. INFORMANT Mrs. Nettie Womack (ADDRESS) 2402 So. 28th St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cemetery DATE May, 14, 1937				
19. UNDERTAKER Walter Knechtel (ADDRESS) 2302 Faraon St. St. Joseph, Mo.				
20. FILED 5/13 1937 W. Knechtel Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May, 12, 1937** 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **5-8 1937**, to **5-12 1937**
 I last saw him alive on **5-11 1937**. Death is said to have occurred on the date stated above, at **2.15** A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary Heart Disease with atherosclerosis
 Date of onset **5/8/34**

Other contributory causes of importance:
9412

Name of operation **Chloroform** Date of
 What test confirmed diagnosis Was there an autopsy **ye**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury , 19
 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. Knechtel** M. D.
 (Address) **Kirkpatrick Bldg. St. Joseph, 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.

