

NOV 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County PettisRegistration District No. 668

Township

Primary Registration District No. 3032City Sealock

(No. _____)

St. _____

Ward _____

2. FULL NAME Bernie Lee Womble(a) Residence, No. 1305 Prospect 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 male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sealock Missouri

FATHER

13. NAME Ben Womble14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton County Missouri

MOTHER

15. MAIDEN NAME Daisy Curmine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Missouri17. INFORMANT Ben Womble (ADDRESS) Sealock, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE Oct 9 193719. UNDERTAKER M. J. Laughlin (ADDRESS) Sealock20. FILED 10/19 1937 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 193722. I HEREBY CERTIFY, that I attended deceased from Oct 4 1937 to Oct 7 1937I last saw h. MM alive on Oct 7 1937 Death is saidto have occurred on the date stated above, at 11:30 am

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

Mrs. Curtis

Date of onset _____

Other contributory causes of importance: 1192

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 _____, 1937

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? _____

If so, specify _____

(Signed) _____

M. D.

(Address) _____

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.

