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.

REC'D MAR 24 1938

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

Do not use this space.

1. PLACE OF DEATH
County Green — Registration District No. 316 — File No. 6797
Township — Primary Registration District No. 2001 — Registered No. 157
City Springfield (No. Springfield Baptist Hospital St. Ward)

2. FULL NAME Jewell S. Wommack 52.0
(a) Residence, No. St., Ward. Bolivar Mo
(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: Vesta Wommack
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 30 1903
7. AGE: ✓ YEARS 34 MONTHS 4 DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
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): Strafford Mo
FATHER
13. NAME: John F. Wommack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
MOTHER
15. MAIDEN NAME: Irene Highfill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri
17. INFORMANT (ADDRESS): Vesta Wommack Bolivar Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bass Chapel DATE Feb 21 1938
19. UNDERTAKER (ADDRESS): White & Erwin Funeral Home Bolivar Mo
20. FILED Feb 20 1938 Chas A. George Mo Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb, 19 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 14 1938, to Feb 19 1938
I last saw him alive on Feb 19 1938. Death is said to have occurred on the date stated above, at 5:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Influenza) - following	
11a	

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 ....., 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? .....
If so, specify .....
(Signed) Abbie Smith M.D.
(Address) Springfield Mo

DEC 1 1948

JUL 30 1956