

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11723

1. PLACE OF DEATH

County Perry
Township St. Marys
City (No.) St. Ward)Registration District No. 663
Primary Registration District No. 5887File No. 5
Registered No. 52. FULL NAME Alonzo Preston Womack 520

(a) Residence, No. 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Rinck Womack6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 12 18887. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) St. Francis Co. Mo.13. NAME Preston Womack14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co, Mo.15. MAIDEN NAME Cordelia Smith16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co, Mo.17. INFORMANT Mrs. A. P. Womack
(ADDRESS) Silver Lake Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill Com DATE March 30 3819. UNDERTAKER Young & Sons
(ADDRESS) Perryville Mo.20. FILED 3 29 1938 H. J. Duwall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28 1938 1922. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

Suicide by shooting with
shot gun.
Full charge into the left
chest under the arm.

Other contributory causes of importance:

Worry 167'

Name of operation..... 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? suicide Date of injury Mar 28 38Where did injury occur? at home Perryville Mo

(Specify city or town, county, and State)

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

In wood lot near the home

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) W. H. Bailey, M. D.(Address) Perryville Mo587

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.

Embalmed By

Edward Young

No. 9 2831