

REC'D APR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois  
Township Randolph  
City Leadwood (No. ....)

Registration District No. 33

Primary Registration District No. 604B

File No. 11955

Registered No. 6 St. .... Ward)

2. FULL NAME

Odelia Octavia Womack 520

(a) Residence, No. Leadwood St. .... Ward. ....

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William S Womack  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 - 1860  
7. AGE YEARS 77 MONTHS 10 DAYS 7 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own house  
10. Date deceased last worked at this occupation (month and year) Nov 1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

13. NAME Antwine Lohmender

14. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Schollerville

16. BIRTHPLACE (CITY OR TOWN) St. Genevieve (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Jol Seaborn (ADDRESS) Leadwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview DATE Mar. 13, 1938

19. UNDERTAKER C. J. Boyer (ADDRESS) Deerfoot Missouri

20. FILED 3/13 1938 W E Lubushen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 1938 to March 10 1938  
I last saw him alive on March 10 1938. Death is said to have occurred on the date stated above, at 11:45 P. M.

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

Coronary Thrombosis  
arteriosclerosis  
cardio vascular disease ?

Date of onset 2/10/38

Other contributory causes of importance: 95 B 2 -

Name of operation..... Date of.....  
What test confirmed diagnosis? none 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? No  
If so, specify.....  
(Signed) John W Hunt, M. D.  
Leadwood Mo  
701 (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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

