

DEC 23 1938

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

39715
Do not use this space.

1. PLACE OF DEATH

(a) County Livingsston Registration District No. 512
(b) Township Dereps Primary Registration District No. 5682
(c) City Utica (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

511 Mary E. Womble
(a) Residence, No. _____ St. Utica, Mo.
(Usual place of abode, if no street address, write county or city) (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
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Womble
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 - 1862
7. AGE YEARS 70 MONTHS 2 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 - 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938 to Nov 25 1938
I last saw W alive on Nov 24 1938. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral embolism Sept 1 1938
Date of onset _____
Other contributory causes of importance: Unknown

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Utica, Mo.

FATHER 13. NAME Fredrick Bloom

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Berlin Germany

MOTHER 15. MAIDEN NAME Elnora Kernick

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) James W. Womble
Utica, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Utica - Cem DATE Nov 27 - 1938

19. FUNERAL DIRECTOR (ADDRESS) James D. Gordon
Chillicothe, Mo.

20. FILED Nov 27 1938 Hazel Stamps
Local Registrar

Name of operation none Date of _____
What test confirmed diagnosis clinical Was there an autopsy? No

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. W. Carpenter, M. D.
Chillicothe, Mo. (Address) _____

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

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.

FORM 1-2-37
I X12004

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39715
Do not use this space.

1. PLACE OF DEATH
(a) County Livingston Registration District No. 512
(b) Township Green Primary Registration District No. 3682 Registered No.
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary E Womble
(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Jan 16 1939 Hazel Stamped Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 Nov 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 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:

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 G. W. Carpenter, M. D.
(Signed) Chellico the (Address) 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

