REC'D MAY 22 1939

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

16016
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois 3 Registration District No. 773
(b) Township St. Francois 1 Primary Registration District No. 6018A Registered No. 67
or
(c) City Near Farmington, Mo. (d) Street No. State Hospital No. 4 St.
(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 Eary Womack
(a) Residence, No. Gideon, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

530

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-25-1881

7. AGE: Years 58 | Months 1 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Saline County, Harrisburg, Illinois 1

FATHER
13. NAME: R. G. Womack
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pope County, Illinois 1

MOTHER
15. MAIDEN NAME: Jonie Yewell 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co., Illinois

17. INFORMANT (ADDRESS): Records of State Hospital No. 4, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Malden, Mo. DATE 3-30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lloyd Russell, Piggitt, Ark.

20. FILED April 21, 1939 B. J. Robinson, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28- 1939

22. I HEREBY CERTIFY, That I attended deceased from 9-22- 1938 to 3-28- 1939
I last saw him alive on 3-28 1939. Death is said to have occurred on the date stated above, at 5:15p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	3-25-39
Cerebral hemmorrhage	3-24-39
820	

Other contributory causes of importance:
Generalized arteriosclerosis 1937

Name of operation — 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) [signature], M. D.
(Address) Farmington, Mo.
699

(Licensed Embalmer's Statement on Reverse Side)

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.

94

50M-9-1938 I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me, Registered Apprentice No. ....., working under my personal supervision.

Signed Lloyd Russell

Licensed Embalmer No. 509

P. O. Address Inglewood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.