NOV 2 [illegible]

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

Do not use this space.

35727

1. PLACE OF DEATH
County Lincoln — Registration District No. 490 — File No.
Township Union — Primary Registration District No. 5653 — Registered No. V
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Hannah H. Wommack
(a) Residence, No. Briscoe, Mo. St. Rural 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5, 1856

7. AGE — YEARS: 84 — MONTHS: 1 — DAYS: 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Lincoln Co. Mo. 0

FATHER
13. NAME Francis Clare 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

MOTHER
15. MAIDEN NAME Mary F. Gray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Mrs. Ad Myers Briscoe, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Sulphur Lick, Near Davis, Mo. DATE Oct. 12, 1940

19. UNDERTAKER (ADDRESS) W. R. Vomund Silex, Mo. 430

20. FILED 11-4-1940 O. H. Damron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. -10- 1940

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1940, to October 10, 1940
I last saw her alive on October 10, 1940 Death is said to have occurred on the date stated above, at 9:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus infection of knee joint producing streptococcus septicemia	✓

Other contributory causes of importance:

Name of operation Drainage of knee joint Date of 5/30-1940
What test confirmed diagnosis? Bacteriological 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) J. G. Hoeger, M. D.
(Address) Whiteside Mo

NB. 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.

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No. 2B
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35-727

Registration District No. 490 Primary Registration District No. 5653 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Lincoln
(b) City or town Troy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hannah W Womack
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 84 Months 1 Days 5 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Streptococcus infection of knee joint following streptococcus septicemia — Duration
Due to Streptococcus infection knee joint producing streptococcus septicemia
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operation Infected knee joint Drainage of knee joint
Of autopsy

PHYSICIAN — Give the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence
(c) Where did injury occur? Own home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury Fell down step
23. Signature J. G. Hoeger (M. D. or other) M.D.
Address Whiteside - Mo. Date signed 12/12-40