

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH  
70 County Montgomery Registration District No. 589 578 File No. 12716  
Township Bellflower Primary Registration District No. 4247 Registered No. 0  
City Bellflower (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Elmore Womble  
(a) Residence, No. Bellflower Mo. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. 9 mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
23 4 17

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
10. Date deceased last worked at this occupation (month and year) Oct 27 - 1937 11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

FATHER  
13. NAME Walter Lewis Womble  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

MOTHER  
15. MAIDEN NAME Martha Ann Cropper  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo.

17. INFORMANT (ADDRESS) Walter Lewis Womble

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cem DATE Mar 16 1937

19. UNDERTAKER (ADDRESS) Alfred J. Jones Bellflower Mo.

20. FILED March 19 1937 E. A. Bove Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 2 1937, to Mar. 13 1937  
I last saw h.i.m. alive on MAR 13 1937. Death is said to have occurred on the date stated above, at 4:00 P.m.  
The principal cause of death and related causes of importance were as follows:  
NOBAR PNEUMONIA  
METEORISM  
CARDIAC FAILURE  
Date of onset Feb 28-37  
MAR 9-37  
MAR 13-37

Other contributory causes of importance: 108

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 h

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_  
(Signed) A. H. Van Arsdale A. D. O.  
(Address) Bellflower, Mo.

This certificate is subject to the terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

