

L 26 1928

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

Do not use this space.

19837

1. PLACE OF DEATH

County BarryRegistration District No. 1168Township WheatonPrimary Registration District No. 5042City Wheaton (No.)

File No.

Registered No. 18

St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Mary Wooten

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

2-15-1836

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

9244

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Farming

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn. Pubby Co. Stewart Wooten

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill. Pitt.

12. MAIDEN NAME OF MOTHER

D. H.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill. Pitt.

14. INFORMANT

(Address)

H. H. Wooten
Wheaton Mo

15. FILED

July 28 E. Edmondson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 14, 1928, to June 20, 1928, that I last saw him alive on June 15, 1928, and that death occurred, on the date stated above, at 1-30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart trouble92A132ADon't know (duration) yrs. mos. ds.CONTRIBUTORY Bright's Disease

(SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. T. Holmes, M. D., 19 (Address) Wheaton Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Consolidated Cemetery 6-20-1928

20. UNDERTAKER

ADDRESS

Barrett & Partnership Wheaton 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.

