

**MISOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

12906

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St Louis*

(No. *Jewish Hospital*)

File No. ....

Registered No. **3458**

St. .... Ward)

**2. FULL NAME** *Christ Wooten*

(a) Residence, No. .... St. ....

*12* Ward.

*Alton 211*

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. *1* mos. ....

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)

*Single*

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

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

*Unknown*

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .... hrs. or .... min.

*About 37*

8. OCCUPATION OF DECEASED

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

*Clerk*

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

*Office*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

*Unknown*

(STATE OR COUNTRY)

*Greece*

10. NAME OF FATHER

*Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

*Unknown*

(STATE OR COUNTRY)

*Greece*

12. MAIDEN NAME OF MOTHER

*Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

*Unknown*

(STATE OR COUNTRY)

*Unknown*

14.

INFORMANT

(Address)

*Sam Balaco*

*1710 R Broadway Alton 211*

15.

FILED

10 1929

19

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*March 19 1929*

17.

I HEREBY CERTIFY, That I attended deceased from *March 11*, 1929, to *March 19*, 1929

(that I last saw *h.i.m.* alive on *March 19*, 1929, and that death occurred, on the date stated above, at *12 noon*.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*aplastic anemia of unknown etiology*

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

*not known*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF .....

WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS?

*Blood Examination*

(Signed)

*Joseph H. Mark, M. D.*

, 19 (Address)

*of Jewish Hosp.*

\*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

*Alton Cemetery*

*Mar 21 1929*

20. UNDERTAKER

*Robert H. Streiper Alton 211*

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.

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11  
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