

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.

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

11723

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. Sanitarium)..... St. Ward)

File No.....
 Registered No. 2253

2. FULL NAME

Samuel Wooten
 (a) Residence No. 3230 Vista St., 13 Ward.

Length of residence in city or town where death occurred 5 yrs. + mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | **4. COLOR OR RACE** white | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 12 1850

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.
81 | - | 27

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)..... Unknown
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Illinois
 (STATE OR COUNTRY)

10. NAME OF FATHER..... Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Tennessee
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER..... Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY)

14. INFORMANT W.F. McNamee md.
 (Address) 5400 Arsenal St.

15. FILED MAR -7-33 Max E. Stanley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6th 1931
17.

I HEREBY CERTIFY, That I attended deceased from Oct 25th 1930, to March 6th 1931, that I last saw h./m. alive on March 6th 1931, and that death occurred, on the date stated above, at 9:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
730 (duration) yrs. 4 mos. 11 ds. +

CONTRIBUTORY sinusitis
 (SECONDARY) (duration) yrs. 4 mos. 11 ds. +

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Pathology
 (Signed) William F. McNamee, M.D.

3/6, 1931 (Address) 5400 Arsenal St.

*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 New St. Marcus | **DATE OF BURIAL** 3-9 1931

20. UNDERTAKER Ms. Laughlin | ADDRESS 1631 Mo. ave.

