WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

28407

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7199

City ..... (No 5093 Arsnel St. ..... St. ..... Ward)

2. FULL NAME Maurice W Wooten

(a) Residence, No 5093 Arsnel St. ..... St., 13 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: Malete
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: Bridget Wooten

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15 1865

7. AGE: YEARS 67 MONTHS 11 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

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): St Louis Mo.

FATHER

13. NAME: John J Wooten

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

MOTHER

15. MAIDEN NAME: Catherine Carrol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Miss Kate Wooten 5093 Arsnel St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemt DATE Aug. 23rd 33

19. UNDERTAKER (ADDRESS): Harrigan & Sheahan Und Co 4415 Wasington Blvd

20. FILED AUG 22 1933 19 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from AUG 16, 1933, to AUG 21, 1933

I last saw him alive on AUG-21, 1933 Death is said to have occurred on the date stated above, at 2 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
138	
97	2
Arterio-Sclerosis General	

Other contributory causes of importance:

Hydrocele

Name of operation Puncture & Drain Date of AUG 17

What test confirmed diagnosis? LAB 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 SENILE DEGENERATION

(Signed) F. J. Pfeffer, M. D.

(Address) 508 No Grand Bd