

Wooten, William 1856 - 1927

Form V. S. 56m-1-27-27

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23454

File No. \_\_\_\_\_  
Registered No. 0944

1 PLACE OF DEATH  
County Martin  
Vot. Prec. Low Ball Registration District No. \_\_\_\_\_  
Inc. Town \_\_\_\_\_ Primary Registration District No. 0944  
City Livingston (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Wooten  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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 Male 4 COLOR OR RACE White 5 Single Married  
6 DATE OF DEATH Feb 2 1927  
(Month) (Day) (Year)

5a If married, widowed, or divorced  
HUSBAND of Hubbard  
(or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH June 10 1856  
(Month) (Day) (Year)

7 AGE 70 yrs. 8 mos. 13 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

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) \_\_\_\_\_

9 BIRTHPLACE (city or town) Livingston  
(State or country) \_\_\_\_\_

PARENTS

10 NAME OF FATHER David Wooten  
11 BIRTHPLACE OF FATHER (city or town) Ky  
(State or country) \_\_\_\_\_  
12 MAIDEN NAME OF MOTHER Sarah Galen  
13 BIRTHPLACE OF MOTHER (city or town) Ky  
(State or country) \_\_\_\_\_

14 (Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15 Filed 10/28 1927 J. M. Montague Registrar

MEDICAL CERTIFICATE OF DEATH

16 I HEREBY CERTIFY, That I attended deceased from Feb 2 1927, to Feb 23 1927, that I last saw him alive on Feb 10 1927, and that death occurred on the date stated above at 49 m. The CAUSE OF DEATH\* was as follows:  
acute dilatation of the heart caused by rheumatism  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? Don't know  
Did an operation precede death? no Date of \_\_\_\_\_  
Was there an autopsy? none  
What test confirmed diagnosis? see  
(Signed) J. H. Kelly, M. D.  
Oct 24 1927 (Address) Livingston Ky

\*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. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Wooten Cemetery DATE OF BURIAL Feb 24 1927  
20 UNDERTAKER Monroe Wooten ADDRESS Livingston Ky

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.