

Wooton, Infant son of Jackson & Winnie 1915 - 1915

| PERSONAL AND STATISTICAL PARTICULARS  |                                 | MEDICAL CERTIFICATE OF DEATH   |   |
|---|---------------------------------|--|---|
| <p>FORM V &amp; 1-800M 2-29-12<br/> <b>Commonwealth of Kentucky</b><br/> <b>STATE BOARD OF HEALTH</b><br/> <b>BUREAU OF VITAL STATISTICS</b><br/> <b>CERTIFICATE OF DEATH</b></p> |                                 |  |   |
| 1 PLACE OF DEATH<br>County <u>Perry</u>   |                                 | File No. <u>21053</u>  |   |
| Vol. Pat. <u>1dunpud</u>  |                                 | Registration District No. <u>858-2475</u>  |   |
| Inc. Town <u>1dunpud</u>  |                                 | Primary Registration District No. _____  |   |
| City _____ (No. _____ St., _____ Ward)  |                                 | Registered No. _____   |   |
| 2 FULL NAME <u>mom</u>  |                                 | [If death occurred in a hospital or institution, give its NAME (instead of street and number.)]<br><b>DELAY</b>  |   |
| 3 SEX<br><u>Male</u>  | 4 COLOR OR RACE<br><u>white</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(Write the word)<br><u>single</u>   | 16 DATE OF DEATH<br><u>Sept 25 1915</u><br>(Month) (Day) (Year) |
| 6 DATE OF BIRTH<br><u>5 25 1915</u><br>(Month) (Day) (Year)   |                                 | 17 I HEREBY CERTIFY, That I attended deceased from _____, 1915, to _____, 1915, that I last saw h... alive on _____, 1915, and that death occurred on the date stated above at _____, The CAUSE OF DEATH* was as follows:<br><u>Still Born</u>                                   |   |
| 7 AGE<br>_____ yrs. _____ mos. _____ ds.<br>IF LESS than 1 day... hrs. or... min.?  |                                 | 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)<br>At place of death... yrs. _____ mos. _____ ds. State... yrs. _____ mos. _____ ds.<br>Where was disease contracted, if not at place of death? _____<br>Former or usual residence... _____ |   |
| 8 OCCUPATION<br>(a) Trade, profession, or particular kind of work<br>(b) General nature of industry, business or establishment in which employed (or employer)                    |                                 | 19 PLACE OF BURIAL OR REMOVAL<br><u>Dunmore, Ky.</u><br>DATE OF BURIAL<br>_____ 1915<br>ADDRESS  |   |
| 9 BIRTHPLACE (State or country)<br><u>Perry Co</u>  |                                 | 20 UNDERTAKER<br><u>Dunmore, Ky.</u>   |   |
| 10 NAME OF FATHER<br><u>Jackson Wood</u>  |                                 | Contributory (SECONDARY)<br>(Duration) _____ yrs. _____ mos. _____ ds.<br>(Signed) <u>Taylor / Smith</u> M. D.<br><u>8/25, 1915</u> (Address) <u>Hoard, Ky.</u>  |   |
| 11 BIRTHPLACE OF FATHER (State or country)<br><u>Boothall Co</u>  |                                 | *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.  |   |
| 12 MAIDEN NAME OF MOTHER<br><u>Winnie Conway</u>  |                                 | 13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)<br>At place of death... yrs. _____ mos. _____ ds. State... yrs. _____ mos. _____ ds.<br>Where was disease contracted, if not at place of death? _____<br>Former or usual residence... _____ |   |
| 13 BIRTHPLACE OF MOTHER (State or country)<br><u>Perry Co.</u>  |                                 | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE<br>(Informant) <u>Jackson Wood</u><br>(Address) <u>Dunmore, Ky.</u>   |   |
| 15 Filed <u>10-13</u> , 1915 <u>H. B. Eason</u><br>REGISTRAR  |                                 | 16   |   |