

Wooton, Monroe 1883 - 1953

Form V. S. 1-A		COMMONWEALTH OF KENTUCKY		53, 15051	
FEDERAL BUREAU OF INVESTIGATION		Department of Health		FILE NO. 116	
U. S. PUBLIC HEALTH SERVICE		BUREAU OF VITAL STATISTICS		REGISTRAR'S NO. 26	
NATIONAL OFFICE OF VITAL STATISTICS		CERTIFICATE OF DEATH		Registration District No. 800 Primary Registration District No. 6311	
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>KY</u> b. COUNTY <u>KNOX</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>TINA (RURAL)</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>TINA (RURAL)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) <u>MARCE</u> b. (Middle) <u>Wooton</u> c. (Last) <u>Wooton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 4 - 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb-1883</u>	9. AGE (In years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KY</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Will Wooton</u>		
14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>J. Carey Wooton</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Fever</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
*This does not mean the mode of dying, such as heart failure, aneurysm, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES		DUE TO (b) <u>Bronchial Asthma</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		3. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <u>none</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>490X-089-19</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg. etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>2-2, 1953</u> to <u>2-2, 1953</u> , that I last saw the deceased alive on <u>2-2, 1953</u> and that death occurred at <u>2:40</u> p.m. from the causes and on the date stated above.			
23a. DATE SIGNED <u>2-2-1953</u>		23b. ADDRESS <u>Cassett KY.</u>		23c. SIGNATURE <u>Mark Dempsey M.D.</u> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wooton Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Big Branch of Bell Co. KY.</u>		25a. DATE REC'D BY CAL REG. <u>5-30-53</u>		25b. REGISTRAR'S SIGNATURE <u>Mrs. Rose B. Craft</u>	
25c. FUNERAL DIRECTOR'S ADDRESS <u>John E. Craft</u>		25d. SIGNATURE <u>Handwritten</u>			