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

Do not use this space.

36826

File No. .....
Registered No. .....

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1007
City: Kansas City (No.: K.C. General Hosp. St. ..... Ward)

2. FULL NAME Mrs Louisa Stout

(a) Residence. No. 6810 Elmwood St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 15 yrs. mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-19-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	2	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home mother
(b) General nature of industry, business, or establishment in which employed (or employer): 186
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Joe Thomas
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Lulu Schorch
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Record Clerk
(Address): K.C. General Hosp.

15. FILED 12/8 27 19 M. M. Conner Registrar
Ason

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-6 1927

17. I HEREBY CERTIFY, That I attended deceased from 11-8, 1927, to 12-6, 1927, that I last saw h. alive on 12-6, 1927, and that death occurred, on the date stated above, at 4:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of femur resulting from accidental fall over milking stool
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Hypostatic Pneumonia Lobar
(duration) yrs. mos. 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?

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(Signed) George C. Lee, M.D.
12-7, 1927 (Address) General Hosp. K.C. Mo.

*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: Forest Hill — DATE OF BURIAL: Dec 8 1927

20. UNDERTAKER: Eylar Funeral Home 18 — ADDRESS: Linwood

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.