

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

Do not use this space.

22877

1. PLACE OF DEATH

County Andrew  
Township Rochester  
City .....

Registration District No. 16  
Primary Registration District No. 5020  
(No. 1/2 Mile West Long Branch Church Ward)

File No. ....  
Registered No. 3

2. FULL NAME James Madison Stout

(a) Residence. No. 1/2 M West Long Branch Church Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 7 mos. 22 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, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 10, 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
73 7 22

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) ..  
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Andrew County, Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas Stout  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, Virginia  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, Kentucky  
(STATE OR COUNTRY)

14. INFORMANT Mrs. Adeline Stout  
(Address) R.F.D. # 5, Savannah, Mo.

15. FILED July 3, 1928 Mrs. Bettie Rogers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1928, to May 19, 1928 that I last saw him alive on May 19, 1928, and that death occurred, on the date stated above, at 6.05 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY) arterio-scler. lev. - several  
(duration) 4 yrs. 7 1/2 mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED 7401  
IF NOT AT PLACE OF DEATH ..

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ..

20. WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS clinical  
(Signed) W. H. Henson, M. D.

July 3, 1928 (Address) St. Joseph Par

\*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 Long Branch Cemetery DATE OF BURIAL July 4, 1928

20. UNDERTAKER Frank H. Bowman ADDRESS Savannah, Mo.

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.

1928

