SEP 2 1928

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.

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

Do not use this space. 26521

1. PLACE OF DEATH

County: Buchanan. Registration District No. 85

Township: Primary Registration District No. 1001

City: St. Joseph (No. Byrds Sanitarium St. Ward)

File No.

Registered No. 1003

2. FULL NAME Katherine Stuckle Stout

(a) Residence. No. 1201 Francis. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: I.S.Stout.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 28, 1887.

7. AGE: Years 41 Months 4 Days 22 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Independence
(STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Joseph Stuckle.

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): ****

12. MAIDEN NAME OF MOTHER: Caroline ***

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

14. INFORMANT: I.S.Stout.
(Address): 1201 Francis.

15. FILED: Aug 21 1928, 19.. John G. Uz, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1928, to Aug 20, 1928, that I last saw h. alive on Aug 20, 1928, and that death occurred, on the date stated above, at 1:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

23 (duration) yrs. mos. 1 ds.

22A

*CONTRIBUTORY (SECONDARY): General Paresis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: 46

IF NOT AT PLACE OF DEATH: St Joseph Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF:

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) C. F. Byrd, M. D

8/21, 1928 (Address) Barnes Rosa

*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: Mt. Olivet Cemetery

DATE OF BURIAL: Aug 23 1928

20. UNDERTAKER: H. O. Indenfaden

ADDRESS: 1802 Union.