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

Do not use this space.

25092

54

26 1929

1. PLACE OF DEATH

County Lafayette — Registration District No. 460 — File No.

Township Dover — Primary Registration District No. 5623-B — Registered No. 45

City Confederate Home (No. ..... St. ..... Ward)

2. FULL NAME Eliza Ann Stout

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

Length of residence in city or town where death occurred 1 yrs. mos. 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF James G Stout

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	6	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Marshall Co.,
(STATE OR COUNTRY) Miss

PARENTS

10. NAME OF FATHER — Stephens

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT C. V. Stout
(Address) Hanibal, Mo

15. FILED 7-3 1929 Dessie P Potter
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to July 2, 1929 that I last saw h.~~xx~~ alive on July 2, 1929, and that death occurred, on the date stated above, at 12:25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

93C

111B (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr. Pulmonary Congestion

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 906

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. DeVoine Guyot, M. D

, 19 (Address) Higginsville 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: Con Home — DATE OF BURIAL: 7/3 1929

20. UNDERTAKER: [illegible] Higginsville Mo — ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be [illegible] PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Examination of OCCUPATION is very important.