

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.

2514

## PLACE OF DEATH

County

Ralls

Township

City

New London

(No.

Registration District No.

726

Primary Registration District No.

14432

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

Francis B Stout

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

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

Bell Stout

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

2/16 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

79

11

7

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Ralls Co Mo

FATHER

13. NAME

Francis B Stout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Va

MOTHER

15. MAIDEN NAME

Linna May Stowers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Va

17. INFORMANT (ADDRESS)

F M Stout

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Barkeley

DATE

1/25

1923

19. UNDERTAKER (ADDRESS)

New London Mo

20. FILED

File 7

1923

Stout

Rags

M D

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

1/23

1931

22. I HEREBY CERTIFY, That I attended deceased from

Nov 1

1930, to

Jan 23

1931

I last saw him alive on

Jan 13

1931 Death is said

to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis

Date of onset

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

H J Waters

M. D.

(Address)

New London Mo

