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

Do not use this space.

25790

1. PLACE OF DEATH

County: Nodaway
Township: Green
City: Quitman (No. ..... St. ..... Ward)

Registration District No. 628
Primary Registration District No. 5830

File No. 254
Registered No. .....

2. FULL NAME .....

(a) Residence. No. Quitman 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22 31

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, X hrs. or X min.
	X	X	one	

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) Quitman
(STATE OR COUNTRY) Nodaway Co

PARENTS

10. NAME OF FATHER George Stout
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Champaigne
(STATE OR COUNTRY) Champaigne Illinois
12. MAIDEN NAME OF MOTHER Verna Hafely
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentucky

14. INFORMANT .....
(Address)

15. FILED ....., 19..... J. E. Jones Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1931

17. I HEREBY CERTIFY, That I attended deceased from ✓ July 22, 1931, to July 22, 1931, that I last saw him alive on July 22, 1931, and that death occurred, on the date stated above, at 8 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
unable to swallow on account of deformities
1570 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Deformities in Throat
Month (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓ ~~no~~
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? (Appearance)

(Signed) F. McKeown, M.D.
, 19 (Address) Maryville 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	DATE OF BURIAL
Quitman in Odd fellow Cmt	7/26 1931
20. UNDERTAKER	**ADDRESS**
George Stout	Quitman Mo

SEP 24 1931

...OCCUPATION is very important.
...in plain terms, so that it may be properly classified.