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.

29397

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3571
City Kansas City, Mo (No. General Hospital St. Ward)

2. FULL NAME Rose Etta Stout
(a) Residence, No. 2507 Forest St., 4 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: 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: Keneth I Stout
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 16, 1882
7. AGE — YEARS: 50 — MONTHS: 0 — DAYS: 2 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 50
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 23
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): Iowa

FATHER
13. NAME: George Weaver
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Sarah Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT: Keneth I Stout
(ADDRESS) 2507 Forest

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hedrick, Iowa DATE 9-20-32, 19

19. UNDERTAKER: R.V. Lindsey & Sons, Inc.
(ADDRESS) K.C. Mo.

20. FILED 9/21, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18-32, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1932, to 9-18, 1932
I last saw her alive on 9-18, 1932. Death is said to have occurred on the date stated above, at 12:25 m. AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast with Metastasis to liver and lungs	

Other contributory causes of importance:

50

Name of operation ..... 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? .....
If so, specify .....
(Signed) P. E. Williams, M. D.
(Address) Supt K.C. Gen Hosp KC Mo.

MAR 17 19