

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

Do not use this space.

32642

**1. PLACE OF DEATH**

49 County New-Linn Registration District No. 411  
 7 Township Shoep Creek Primary Registration District No. 100  
 5 City Jefferson (Not) St. Joseph (Not) Grand (Not) Ward

File No. 15  
 Registered No. \_\_\_\_\_  
 Ward \_\_\_\_\_

**2. FULL NAME**

John H. Stout  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M  
 4. COLOR OR RACE W  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Stout  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1870  
 7. AGE YEARS MONTHS DAYS 62 2 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237  
 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) Mo. 1  
 13. NAME John Stout  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 15. MAIDEN NAME no record  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
 17. INFORMANT (ADDRESS) Ethel Stout  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 10-21-32  
 19. UNDERTAKER (ADDRESS) St. Joseph  
 20. FILED 10/23 1932 St. Joseph Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1932  
 22. I HEREBY CERTIFY, That I attended deceased from 7/10/31, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on 10/11/32, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 10:30 am.  
 The principal cause of death and related causes of importance were as follows:

Silicosis  
114-110  
 Other contributory causes of importance:  
arteriosclerosis  
heart + liver injury  
25 years  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? 0 Date of injury 0, 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? yes  
 If so, specify \_\_\_\_\_ (Signed) W. G. Gaudin, M. D.  
 (Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION, if any.

NOV 23 1932

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