

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.

JAN 7 1932

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

Do not use this space.

34987

1. PLACE OF DEATH
 16 County Cape Registration District No. 125
 1 Township Cape Guardian Mo. Primary Registration District No. 3009
 8 City Cape Guardian Mo. No. D. E. M. Hospital Registered No. 272
 St. _____ Ward _____

2. FULL NAME Clint M. Stout
 (a) Residence, No. _____ St. _____ Ward Blodgett Mo.
 (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 Clara Stout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25th 1880

7. AGE YEARS 52 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 106
 10. Date deceased last worked at this occupation (month and year) until death 11. Total time (years) spent in this occupation. 29 years

12. BIRTHPLACE (CITY OR TOWN) Centralia Mo. (STATE OR COUNTRY) or Centralia

FATHER
 13. NAME Thomas Stout
 14. BIRTHPLACE (CITY OR TOWN) Penni. (STATE OR COUNTRY) 2

MOTHER
 15. MAIDEN NAME Marquise Backus
 16. BIRTHPLACE (CITY OR TOWN) Caledonia Mo. (STATE OR COUNTRY) 1

17. INFORMANT Mrs. Clinton Stout
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cherokee Mo. DATE 11/16 32

19. UNDERTAKER J. F. Trimmer
 (ADDRESS) Blodgett Mo.

20. FILED 11/16 1932 W. Kaempfer
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1932 to Nov 14 1932
 I last saw him alive on Nov 14 1932 Death is said to have occurred on the date stated above, at 4:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
82
97
8-2-11

Other contributory causes of importance:
Arterio Sclerosis 1
 Name of operation none Date of _____
 What test confirmed diagnosis: all 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) Carl W. Trimmer, M. D.
 (Address) Cape Guardian Mo.

Handwritten