

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

Do not use this space.

5003

**1. PLACE OF DEATH**

County Cass Registration District No. 147  
 Township Austin Primary Registration District No. 5210  
 City Archie (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 7

**2. FULL NAME** George 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma Linn Stout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 8 15

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) Bryant, Ill  
Stephens County

FATHER 13. NAME John H. Stout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cumberland County  
Penn

MOTHER 15. MAIDEN NAME Catherine Wolf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pine Creek, Ind.  
Clinton County, Penn

17. INFORMANT (ADDRESS) Mrs. J. A. Cole  
Archie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Beatrice, Neb. DATE Feb. 21, 1933

19. UNDERTAKER (ADDRESS) Atkinson & Easterday  
Archie, Mo.

20. FILED 2/16, 1933 B. B. Stout  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1933, to Feb. 17, 1933  
 I last saw him alive on Feb. 16, 1933. Death is said

to have occurred on the date stated above, at 4:29 a.m.  
 The principal cause of death and related causes of importance were as follows:

Crippling Paralysis

Date of onset Feb. 13

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) B. B. Stout, M. D.

(Address) Archie, Mo.

