

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

Do not use this space.

6877

1. PLACE OF DEATH

87 County Ralls
Township Spencer
City _____ (No. _____) (Ward _____)

Registration District No. 1216
Primary Registration District No. 6967

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence (Usual place of abode) _____ St. _____ Ward _____
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliza Stout</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/13 - 43</u>		
7. AGE YEARS <u>89</u>	MONTHS <u>6</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>_____</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>_____</u>		10. Date deceased last worked at this occupation (month and year) <u>_____</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co Mo</u>		
13. NAME <u>F E Stout</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>		
15. MAIDEN NAME <u>Anna Stowers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>		
17. INFORMANT (ADDRESS) <u>Frank Stout New London mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ward</u> DATE <u>2/15 '93</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. P. Pappas New London mo</u>		
20. FILED <u>2-24</u> , 19 <u>33</u> <u>Exlusky Pappas</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17 '33

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932, to Feb, 1933.
I last saw him alive on Feb, 1933. Death is said to have occurred on the date stated above, at 1 a. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
arterial atherosclerosis
hypertension
Other contributory causes of importance:

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? No
If so, specify _____
(Signed) W. J. Waters, M. D.
(Address) New London mo

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.

