

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

Do not use this space.

MAY 25 1934

File No. **12065**

1. PLACE OF DEATH

County Benton Registration District No. 89
Township _____ Primary Registration District No. 3007
City Poplar Bluff (No. _____) St. _____ (Ward)

Registered No. 91

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. BIG SPRINGS PARK 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.

EARL LORENZO STOUT

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 Madaline Stout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-27-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 9 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. Officer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CCC Camp
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) Chicago, Ill.

MOTHER FATHER
13. NAME Wm Stout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Madaline Stout (ADDRESS) Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE 4-23 1934

19. UNDERTAKER Frank Wood Co (ADDRESS) Poplar Bluff Mo.

20. FILED 4-21-1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 12:30 P. m.
The principal cause of death and related causes of importance were as follows:

84 Internal Hemorrhage Date of onset 4-20-34
82 (Cerebrum)
154
Other contributory causes of importance:
Gun shot wound in fore head
22 calibre rifle.

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? ACCIDENT. Date of injury 4-20, 1934
Where did injury occur? Big Springs Park Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury accidental discharge of rifle
Nature of injury 22 calibre bullet hole into brain

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) Richard Reynolds DRUGNER
(Address) Poplar Bluff Mo.

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.

