

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

Do not use this space.

15677

1. PLACE OF DEATH

County Darton Registration District No. 40
Township City Primary Registration District No. 4024
City Lamar (No. _____) St. _____ Ward _____

File No. _____
Registered No. 26

2. FULL NAME

William Alfred 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 52 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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14th, 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 2
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Linn County Mo

FATHER 13. NAME Alfred Stout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Mary E Offield

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

17. INFORMANT Ray A Stout
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
PLACE Massachusetts Chapel DATE May 17th, 1934

19. UNDERTAKER C. J. Korant
(ADDRESS) Lamar Mo

20. FILED 5/17 1934 A. J. Ormiston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1934 to May 15, 1934
I last saw him alive on May 15, 1934. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Pancreas & Stomach Date of onset _____

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? No

If so, specify St. J. Miller M. D.
(Signed) _____ (Address) Lamar 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 20 1934

