

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.

1 JUN 26 1934

Re P. J. Ragan

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

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Spencer
City X (No. X)

Registration District No. 726
Primary Registration District No. 27472

File No. 17760
Registered No. (5) St. (5) Ward

2. FULL NAME

Elberta Jean Stout
(a) Residence, No. Spencer Township Ralls Co., Mo. 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 8, 1934
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 4 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
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) New London
(STATE OR COUNTRY) Missouri

13. NAME Gentry Stout

14. BIRTHPLACE (CITY OR TOWN) New London
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Leota Gould

16. BIRTHPLACE (CITY OR TOWN) Hunnewell
(STATE OR COUNTRY) Mo.

17. INFORMANT Mr. Gentry Stout (Father)
(ADDRESS) New London, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Barkley DATE May 11, 1934

19. UNDERTAKER Smith & Jones Funeral Service
(ADDRESS) New London, Mo.

20. FILED 74912 19 8 Ragan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1934 to May 10, 1934

I last saw him alive on May 8, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset May 5, 34

100 / 108

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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 P. J. Raghmann, M. D.
(Signed) Barkwood, Mo.
(Address)

