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

Do not use this space.

SEP 11 1934

File No. 28734

Registered No. 240

1. PLACE OF DEATH

County: Cole — Registration District No. 213

Township: — Primary Registration District No. 3014

City: Jefferson (No. 4 Nettie Flick Stout St., Ward)

2. FULL NAME

(a) Residence, No. 632 E Miller 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. 6 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): widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Chas Stout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-17-1868

7. AGE: Years 66 — Months — Days 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Room Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drug

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): Boone Co Mo

FATHER

13. NAME: Leo Flick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Margaret Miles

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

17. INFORMANT (ADDRESS): Bessie Eldridge Jefferson

18. BURIAL, CREMATION, OR REMOVAL: PLACE Chapman DATE Aug 11 1934

19. UNDERTAKER (ADDRESS): Lanman-Lamme Jefferson

20. FILED 8/13/1934 W. Beaford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from 8-7, 1934, to 8-8, 1934

I last saw her alive on 8-8, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat stroke	8-7-34
Chronic Endocarditis	12-1-30
191	
96A	

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) D. W. Gallham, M. D.

(Address) Jefferson City 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