Marshall

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.

100M-11-24-33

OCT 16 1934

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

Do not use this space.

1. PLACE OF DEATH
67 County ~~Charleston~~ Mississippi — Registration District No. 566 — File No. 33447
3 Township ~~Mississippi~~ — Primary Registration District No. 3030 — Registered No. 143
4 City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Robert Edmond Stout

(a) Residence, No. 608 Center St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1927

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Charleston Mo.

FATHER
13. NAME George Stout
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo.

MOTHER
15. MAIDEN NAME Nora Mae Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo

17. INFORMANT (ADDRESS) George Stout Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. Cemetery DATE Sept 30 1934

19. UNDERTAKER (ADDRESS) Frank Pair Funeral Service Charleston Mo.

20. FILED Oct 1st 1934 F S Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 11:40 P.M. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24th, 19..., to Sept 24th, 1934
I last saw him alive on Sept 24th, 1934. Death is said to have occurred on the date stated above, at 11:40 P.M.
The principal cause of death and related causes of importance were as follows:

Diptheria — Date of onset

10

Other contributory causes of importance: 10

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? .....
If so, specify .....
(Signed) A H Marshall M. D.
(Address) Charleston Mo.