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.

NOV 10 1934

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

Do not use this space.

36995

1. PLACE OF DEATH

County Pike — Registration District No. 689 — File No.

Township ~~[illegible]~~ — Primary Registration District No. 2033 — Registered No.

City Louisiana, Mo., (No. Pike Co Hospital St. Ward)

2. FULL NAME John Albert Stout

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

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: Male
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 ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17-1914.

7. AGE: YEARS 20 — MONTHS 8. — DAYS 13. — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Ashburn Mo

FATHER

13. NAME Miller Stout

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashburn. Mo.

MOTHER

15. MAIDEN NAME Elizabeth Ploesser.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City, N.Y.

17. INFORMANT (ADDRESS) Miller Stout Ashburn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashburn Mo DATE 4/1 1934

19. UNDERTAKER (ADDRESS) F C Haley Jr Louisiana Mo

20. FILED 10/30, 1934 F C Haley Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-28-, 1934, to 10-30, 1934

I last saw him alive on 10-30, 1934. Death is said to have occurred on the date stated above, at 2:03 A.m.

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

	Date of onset
Fracture of Skull	10-28-34
210 M	
109 B	
	201

Other contributory causes of importance: Pneumonia 210

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? Accident Date of injury 10-28, 1934

Where did injury occur? Pike Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway

Manner of injury Auto Collision

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles P. Lewellen, M. D.

(Address) Louisiana Mo.