

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

Do not use this space.

8028

1. PLACE OF DEATH  
 County Barton Registration District No. 41  
 Township Clark Primary Registration District No. 5762  
 City Philosophy (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Daphrona Isabelle 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 58 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Thos. Stout.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 3-1858</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>4</u>	DAYS <u>13</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife - Retired</u>	
	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) <u>Green County</u> (STATE OR COUNTRY) <u>Illinois</u>		
FATHER	13. NAME <u>Peter Thompson</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)	
17. INFORMANT <u>G. W. E. Stout.</u> (ADDRESS) <u>Liberal, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>McKil Cemetery</u> DATE <u>Mar 23, 1935</u>		
19. UNDERTAKER <u>L. J. Montants</u> (ADDRESS) <u>Lamar, Mo.</u>		
20. FILED <u>Mar 23, 1935</u> <u>J. R. Spill</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1935, to Mar 21, 1935  
 I last saw him alive on Mar 21, 1935. Death is said to have occurred on the date stated above, at 4:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Mitral Insufficiency  
Heart  
 Other contributory causes of importance: Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Signs Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury 0, 1935  
 Where did injury occur? No  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury No  
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. R. Spill, M. D.  
 (Address) Liberal 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

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