JUL 2 2 1935

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

Do not use this space.

19892

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5224 E 29 St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. [illegible]

2. FULL NAME Mattie B. Stout
(a) Residence, No. 5224 E 29th St. 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Stout
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19-1863
7. AGE YEARS 72 MONTHS 0 DAYS 2 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) Indiana

FATHER
13. NAME Jessie Tryon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown.

17. INFORMANT (ADDRESS) Mrs. J. C. Yarbrough 5224 East 29th St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Girardeau Mo. DATE June 21 1935
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn
20. FILED 6/21 1935 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1931, to June 20, 1935
I last saw her alive on June 20, 1935 Death is said to have occurred on the date stated above, at 730 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | June 20 1935 |

Other contributory causes of importance:
Arteriosclerosis - Coronary
Sclerosis - Hypertension
Atrophic Arthritis

Name of operation Date of
What test confirmed diagnosis? Physical 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) Robert C. [illegible], M. D.
(Address) 1024 Professional Bldg

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.