

SEP 26 1935

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

Do not use this space.

28371

1. PLACE OF DEATH

County Saline Registration District No. 796Township _____ Primary Registration District No. 3038City Marshall (No. _____) St. _____ Ward _____

File No. _____

Registered No. 126

2. FULL NAME

(a) Residence, No. _____ Eula Ann Street Ward _____(Usual place of abode) St. Ignace Hospital

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female White Married

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

Oliver H. Stout

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

Mar 11 - 1905

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

3051

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

Housewife

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)

Cassler Co. Mo.

13. NAME

William P. S. Sull

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

Mo.

15. MAIDEN NAME

Naomie E. Fields

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

Boyer Mo.

17. INFORMANT (ADDRESS)

Oliver H. Stout Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wheatland Mo Aug 13 1935

19. UNDERTAKER (ADDRESS)

Dr. Campbell Marshall Mo

20. FILED

Aug 12 1935Thelma Kington Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 193522. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935, to Aug 12, 1935I last saw her alive on 8-12, 1935 Death is saidto 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:

Styptic esochi Septicemia, Aug 25
Sept 25

Date of onset

Other contributory causes of importance:

Abrosion Rt. Breast, InjuryName of operation Dressed Date of Aug 3 - 35What test confirmed diagnosis? Rubens 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, at 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) Roscoe M. Marshall, M. D.(Address) Marshall Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

1. PLACE OF DEATH

County Saline Registration District No. 796 File No. _____
Township _____ Primary Registration District No. 3038 Registered No. 126
City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME

Eula Ann Stout

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS IF (LESS than 1 day) hrs. or min.
30 5 2 1 1

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS)

20. FILED Oct. 25 1935 Heleen Houston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

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

abrasion of small finger
Date of onset _____
Other contributory causes of importance: _____
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 7/25 1935
Where did injury occur? Marshall Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Finger cut on meat cutter while cutting
Nature of injury Small laceration - rt. small finger

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) R. W. Kennedy M. D.
(Address) Marshall Mo

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.

OCT 19 1965

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