

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.

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

Do not use this space.

DEC 19 1935

36579

1. PLACE OF DEATH

County Lewis
Township Union
City La Grange (No.)

Registration District No. 480
Primary Registration District No. 4289

File No.
Registered No. 36579
St. Ward)

2. FULL NAME

Mary Lou 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Whit 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) Nov. 14th 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- - - 8

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) La Grange (STATE OR COUNTRY) Mo.

13. NAME Irven Stout

14. BIRTHPLACE (CITY OR TOWN) Marion County (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Alice Hunt

16. BIRTHPLACE (CITY OR TOWN) McDowell County (STATE OR COUNTRY) Ill.

17. INFORMANT Irven Stout (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emmerson DATE Nov. 22nd 1935

19. UNDERTAKER A. A. Roberts (ADDRESS) La Grange, Mo.

20. FILED Nov 27 1935 W. B. Staley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 15th 1935, to Nov 22nd 1935. I last saw her alive on Nov 21st 1935. Death is said to have occurred on the date stated above, at m.

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

Failure of Placenta Ovary to develop birth

Date of onset

Other contributory causes of importance:

Handwritten signature/initials

Name of operation Date of What test confirmed diagnosis? Obstet 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? No If so, specify

(Signed) W. B. Staley, M. D. (Address) La Grange, Mo.

