

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN 17 1936

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

Do not use this space.

1. PLACE OF DEATH
County Barry Registration District No. 29
Township _____ Primary Registration District No. 4021
City Cassville (No. _____) St. _____ Ward _____

File No. 18962
Registered No. 28

2. FULL NAME Mrs. Necie Alma Stout
(a) Residence, No. 1423 S Judson St. _____ Ward. Fort Scott, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mike W. Stout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1892

7. AGE YEARS 44 MONTHS 2 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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) May 8, 1936 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osburn Arkansas

13. NAME Lee Trimble
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

15. MAIDEN NAME Fannie Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas

17. INFORMANT Mike W. Stout
(ADDRESS) Ft. Scott, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seligman, Mo. DATE May 14, 1936

19. UNDERTAKER Geo. A. Konantz
(ADDRESS) Ft. Scott, Kansas

20. FILED June 5, 1936 Gold Neuma
ab Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1936, to May 13, 1936
I last saw her alive on May 13, 1936. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Agranulocytic Angina Date of onset 5-9-36
Other contributory causes of importance 1936

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. 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) Scott Newman M. D.
(Address) Cassville, 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.

