

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.

JUL 23 1936

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

Do not use this space.

23440

1. PLACE OF DEATH

County Lewis Registration District No. 480 File No. _____
Township Union Primary Registration District No. 5675 Registered No. 20
City Maywood (No. _____) St. _____ Ward _____

2. FULL NAME

R. Lafayette 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Stout
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 - 1851
7. AGE YEARS 85 MONTHS - DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Repley, Ill.

13. NAME Francis Stout

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

15. MAIDEN NAME Unknown

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

17. INFORMANT X F. Stout
(ADDRESS) Maywood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Primwood Ill DATE July 1 1936

19. UNDERTAKER Art. Chamberlain
(ADDRESS) Maywood, Mo.

20. FILED June 30 1936 W. B. Ellery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1936

22. I HEREBY CERTIFY, That I attended deceased from June 6 1936 to June 29 1936
I last saw him alive on June 29 1936 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:
Nephritis Chronic
Chronic Myocarditis
Date of onset _____

Other contributory causes of importance: W.D.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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. Ellery, M. D.
(Address) Carthage Mo

