JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Crawford
Township
City Steelville Mo (No. ..... St. ..... Ward)

Registration District No. 231
Primary Registration District No. 4141

File No. 23550
Registered No.

2. FULL NAME John C. Stough

(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20-1857

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 79 | 11 | 22 | |

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

FATHER
13. NAME Charles B Stough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary F Bradley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J. L. Hanson 2139 Adelaide St Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Steelville Cemetery DATE 12/31-1937

19. UNDERTAKER (ADDRESS) L J Jonas Steelville Mo

20. FILED 7/7 1937 C R Gibbs Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1936, to Dec 29, 1936
I last saw him alive on Dec 29, 1936. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Dec 26 36

Other contributory causes of importance:
Myocarditis

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? ..... 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) Geo M Reeves, M. D.
(Address) Steelville Mo