

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

Do not use this space.

3206

1. PLACE OF DEATH
 51 County Johnson Registration District No. 431 File No. _____
 Township Columbus Primary Registration District No. 5520 Registered No. 3
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Nancy Ann 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gas. M. Stout
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-1-1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 12

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 13 - 1938
 22. I HEREBY CERTIFY, that I attended deceased from Nov 13 1934 to Jan 13 1938
 I last saw her alive on Jan 12, 1938. Death is said to have occurred on the day stated above, at 2:30 P. M.
 The principal cause of death and relative causes of importance were as follows:
Myocarditis Date of onset _____

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

Other contributory causes of importance: Primitivity

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vanceburg Va
 13. NAME Crawford Fitch
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va
 15. MAIDEN NAME Cava B. Cordingley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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. _____

17. INFORMANT Mrs. J. J. Campbell
 (ADDRESS) Residence, Va.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus DATE Jan - 15 - 1938
 19. UNDERTAKER Dwight Phillips
 (ADDRESS) Warrensburg, Mo
 20. FILED Jan 15 - 1938 Edna Bentley
 Registrar

Manner of injury _____ Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) R. G. Stanley, M. D.
 (Address) Adessa, 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.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH