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.

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Davies — Registration District No. 252 — File No. 6592
31 Township Jamesport — Primary Registration District No. 5357 — Registered No. 29
City Jamesport Me (No. ..... St. ..... Ward)

2. FULL NAME Marguerite Stout 330
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Stout
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 - 1847
7. AGE YEARS 90 MONTHS 5 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
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) Missouri

FATHER
13. NAME Unkown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

MOTHER
15. MAIDEN NAME Unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

17. INFORMANT (ADDRESS) Arthur Stout Jamesport Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Clear creek DATE Jan 23 1937
19. UNDERTAKER (ADDRESS) Arris Robertson Jamesport Mo
20. FILED Jan 29 1938 Nellie Wiles Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1937, to Jan. 21, 1938
I last saw her alive on Jan. 21, 1938. Death is said to have occurred on the date stated above, at 4 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1927
97	

Other contributory causes of importance:

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) R. V. Thompson, M. D.
229 (Address) Jamesport, Mo.