

REC'D FEB 9 1938

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

3384
 Do not use this space.

1. PLACE OF DEATH

(a) County Pemissot Registration District No. 6583
 (b) Township..... Primary Registration District No. 4392 Registered No.....
 (c) City Steele (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Billie J Stout

(a) Residence, No..... St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan, 12, 1938.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as 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) Steele (STATE OR COUNTRY) Mo

FATHER 13. NAME Arlie Stout

14. BIRTHPLACE (CITY OR TOWN) Henderson (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Ida Mc Bride

16. BIRTHPLACE (CITY OR TOWN) Blytheville (STATE OR COUNTRY) Ark

17. INFORMANT J.M. Stout (ADDRESS) Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion Cam. DATE Feb, 7, 1938

19. FUNERAL DIRECTOR (NAME) German Undt Co (ADDRESS) Steele, Mo.

20. FILED Feb 7 38 L. J. Peterson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1938, to 2-3-38, 1938.
 I last saw her alive on 2-3-38, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Bunch Pneumonia Date of onset

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?.....

If so, specify Choked with food M. D.
 (Signed) Choked with food

(Address) Blytheville Ark

107a

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

..... P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

3384
Do not use this space.

1. PLACE OF DEATH
(a) County Demiseat Registration District No. 655-
(b) Township Steele Primary Registration District No. 4392 Registered No. _____
(c) City Steele (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME Billie J Stout
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) mf
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 0 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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) _____
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____
19. FUNERAL DIRECTOR (ADDRESS) _____
20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-1937
22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia Date of onset _____
107A
Other contributory causes of importance:
There was no complications
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? _____
If so, specify _____
(Signed) O. J. Calderon, M. D.
(Address) Steele, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

