

MAR 21 1928

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

Do not use this space.

1. PLACE OF DEATH

County ReynoldsRegistration District No. 748Township LuganPrimary Registration District No. 5882City Maxine (No. 1)File No. 6056

Registered No. _____

St. _____ Ward _____

2. FULL NAME Maxine 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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4, 30, 27.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Operator

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lugan(STATE OR COUNTRY) Township, Mo.10. NAME OF FATHER Arville Stout11. BIRTHPLACE OF FATHER (CITY OR TOWN) Reynolds Co., Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Chitwood13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Reynolds Co., Mo.

(STATE OR COUNTRY)

14.

INFORMANT Wm Chitwood(Address) Ellington, Mo.

15.

FILED 2, 11, 1928A. H. Adkins

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/3 192817. I HEREBY CERTIFY, That I attended deceased from _____, 1928, to Jan 28, 1928 that I last saw her alive on January 26, 1928 and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute meningitisCONTRIBUTORY (SECONDARY) NA

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS: None(Signed) A. F. Bury, M. D., 1928 (Address) Ellington, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrior CemeteryDATE OF BURIAL Feb. 8, 192820. UNDERTAKER H. T. ChitwoodADDRESS Ellington

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.

