DEC 20 1930

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

Do not use this space.

35436

File No. 1260

Registered No.

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001

Township — Primary Registration District No.

City St. Joseph, (No. Noyes-Baptist Hospital St. Ward)

2. FULL NAME Gertrude May Lasker Stout,

(a) Residence. No. 1119 South 16th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 8 mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb'y. 25, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	25	8	28	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Mid-America Food Products Co.

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER John J. Lasker,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chicago,
(STATE OR COUNTRY) Illinois,

12. MAIDEN NAME OF MOTHER Bertha Perman,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

14. INFORMANT John J. Lasker
(Address) 1119 South 16th. Street,

15. FILED NOV 24 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23, 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 12:35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Homicide, by fire arms in hands of another party at 8th & Scott St Joseph Mo.

193 (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) none

(duration) ...yrs. ...mos. ...ds.

WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? History & Autopsy

(Signed) R. W. Tudlock Coroner, M. D.

11/24/30 (Address) 821 Francis

*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	DATE OF BURIAL
Mount Olivet Cemetery	Nov. 25 1930

20. UNDERTAKER	ADDRESS
Heaton-Bergale & Bowman	319 S. 10 St.

Funeral Home

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.