

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

Do not use this space.

34434

1. PLACE OF DEATH

County Jackson

Registration District No.

File No.

Township Hart

Primary Registration District No.

Registered No. 4749

City Keokuk (No. Memorial Hospital)

St. Ward)

2. FULL NAME

Mrs Alice Stout

(a) Residence. No. Raytown Mo. 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. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

Stanton Stout

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

Mar 13 - 1871

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>60</u>	<u>6</u>	<u>29</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) self
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Raytown Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Milkinson Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Dorah Cox

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

Morris Stout
Raytown Mo.

15.

FILED

10/12 39 M. M. Conroy
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Oct 10 - 1931

17.

I HEREBY CERTIFY, That I attended deceased from May 10, 1931, to Oct 10, 1931, that I last saw her alive on Oct 10, 1931, and that death occurred, on the date stated above, at 6:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Colicentitis
with collapse of lung

CONTRIBUTORY (SECONDARY)

Gallstones of common duct
(duration) 5 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE of 10-10-31

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS

Pathological report
(Signed) W. H. Hoff M. D.

10-11-31 (Address) Raytown 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

DATE OF BURIAL

Brookings Cem Raytown Oct 12 1931

20. UNDERTAKER

ADDRESS

Mrs E. L. Foster K. C.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

1975