WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 20 1933

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No. 15806

Township — Primary Registration District No. — Registered No.

City St. Joseph, (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Frank Wesley Stout,

(a) Residence, No. 720 Faraon St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1870

7. AGE: YEARS 62 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugs

10. Date deceased last worked at this occupation (month and year) May 1933

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corydon, Iowa,

FATHER

13. NAME Thomas Stout,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER

15. MAIDEN NAME Mary Adams,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs. F. W. Stout 720 Faraon Street.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. Park DATE May 26th. 1933

19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 So. 10th. St. Funeral Hom.

20. FILED 5-26 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1933, to May 22, 1933

I last saw him alive on May 22, 1933. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

Septicemia — Date of onset May 20 1933

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Other contributory causes of importance: Carbuncle of lip — May 20 1933

Name of operation none — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? no

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) Gustav A Lau, M. D.

(Address) Kirk Bldg St Joseph Mo