

WRITE PAINLY, 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.

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

Do not use this space.

6050

MAR 27 1935

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Trason Primary Registration District No. 3079
City Hannibal (No. 305 1/2, Bird)

File No. _____
Registered No. 40
St. _____ Ward _____

2. FULL NAME

James Albert Stout
(a) Residence No. 305 1/2 Bird 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

MEDICAL CERTIFICATE OF DEATH

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 Viola Stout
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1873
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 9 22

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1, 1935
22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1934 to Feb 1, 1935
I last saw him alive on Feb 1, 1935. Death is said to have occurred on the date stated above, at 0:34 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grocer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Parenchyma of mouth with metastasis
45
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Missouri

FATHER
13. NAME Jacob Stout
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Missouri

MOTHER
15. MAIDEN NAME Eliza Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Missouri

17. INFORMANT Mrs Viola Stout, Wife
(ADDRESS) 305 1/2 Bird Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olive DATE Feb 4, 1935

19. UNDERTAKER Wm M Smith
(ADDRESS) Hannibal, Missouri

20. FILED Feb 2, 1935 R. H. Blakes
Deputy Registrar.

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) A. B. Blue, M. D.
(Address) Hannibal, Mo

