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

JUN 17 1936

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

Do not use this space.

48266

File No.
Registered No. 785

1. PLACE OF DEATH
County Daviess
Township Union
City (No. , St. Ward)

Registration District No. 250
Primary Registration District No. 4150

2. FULL NAME Donald Morris 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1936

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) XXX
11. Total time (years) spent in this occupation XXX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

FATHER
13. NAME John Stout
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookenridge Missouri

MOTHER
15. MAIDEN NAME Ruth Cummings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pattonsburg Missouri

17. INFORMANT John Stout
(ADDRESS) Gallatin Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Cemetery DATE May 28, 1936

19. UNDERTAKER Hope Furn. & Undt. Co.,
(ADDRESS) Gallatin, Mo.

20. FILED 5-29-, 1936 R. L. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1936, to May 28, 1936
I last saw him alive on May 28, 1936. Death is said to have occurred on the date stated above, at 1:40 A.M.
The principal cause of death and related causes of importance were as follows:

Stillborn

Date of onset

Other contributory causes of importance:

Syphilis

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Floyd E. Nelson M.D.
(Address) Gallatin, Mo