

Stout, Ralph R 1847 - 1933

STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Butler Registration District No. 4214 File No. 561
Township Union Primary Registration District No. _____ Registered No. 2
or Village _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)
or City of _____
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.

2 FULL NAME Ralph Stout Did Deceased Serve in U. S. Navy or Army _____
(a) Residence. No. Gano St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>M.</u>			21. DATE OF DEATH (month, day, and year) <u>Jan 18, 1933</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Elida Rees Stout</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Jan 11, 1932</u> to <u>Jan 18, 1933</u> I last saw <u>him</u> alive on <u>Jan 18, 1932</u> , death is said to have occurred on the date stated above at <u>2:30 p.m.</u>		
6. DATE OF BIRTH (month, day, and year) <u>June 12, 1847</u>					The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:	
7. AGE Years <u>85</u> Months <u>7</u> Days <u>6</u>		8. Trade profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Carpenter</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>06X</u>		10. Date deceased last worked at this occupation (month and year) _____
12. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		11. Total time (years) spent in this occupation _____		CONTRIBUTORY CAUSES of importance not related to principal cause: <u>Senile Dementia</u>		Date of onset <u>1932</u>
13. NAME <u>Snowley Stout</u>		14. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		Name of operation _____ Date of _____		
15. MAIDEN NAME <u>Amanda Edwards</u>		16. BIRTHPLACE (city or town) (State or country) <u>Ohio</u>		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)		
17. The Signature of INFORMANT and (Address) <u>Elida Stout</u> <u>Gano</u>		18. BURIAL, CREMATION, OR REMOVAL Place <u>Mason</u> Date <u>Jan 21, 1933</u>		Specify whether injury occurred in industry, in home, or in public place. Manner of injury _____ Nature of injury _____		
19. UNDERTAKER (Address) <u>The Ohio Funeral Home</u> <u>Locke</u>		19a. Was body embalmed <u>yes</u> Embalmer's No. <u>29559</u>		24. Was disease or injury in any way related to occupation of deceased? If so, specify _____		
20. FILED <u>Jan 31, 1933</u>		Registrar <u>Sam W. ...</u>		(Signed) <u>W. C. ...</u> M. D. Date <u>Jan 17, 1933</u> Address <u>London, Ohio</u>		

SEE CAUSE OF DEATH IN FORM 1000, TO BE COMPLETED BY PHYSICIAN. OCCUPATION is very important. See instructions on back of certificate.