

COMMONWEALTH OF KENTUCKY  
State Dept. of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. **1-1932**

1 PLACE OF DEATH

County... **Jefferson**

Vot. Pct... **Fearn Creek**

Inc. Town.....

Registration District No.....

Primary Registration District No. **600**

(No. **Bannon Street Bardston Rd.**)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME **Peerless Frankfort Stout**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 Single Married **Married** Widowed or Divorced (Write the word)

6 DATE OF BIRTH **January 31 1900**  
(Month) (Day) (Year)

7 AGE **25** yrs. **3** mos. **3** ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION (a) Trade, profession or particular kind of work **County** (b) General nature of industry, business or establishment in which employed (or employer) **Patrolman**

9 BIRTHPLACE (State or country) **Kentucky**

10 NAME OF FATHER **Harvy Stout**

11 BIRTHPLACE OF FATHER

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH **May 3 1925**  
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from **1925** to **1925**

that I last saw him alive on **1925** and that death occurred on the date stated above at **7:1 P.m.**

The CAUSE OF DEATH\* was as follows:

**Crushed Head & left leg torn near thigh. Accident motorcycle vs auto** mos. ds.

Contributory (Secondary) **Roy L. Carter, Coroner** ds.

(Signed) **John Beck, Family Coroner** **May 9, 1925** (Address) **Wm. Bldg.**

\*Causing Death, or, in death from violent

INK RESERVED FOR RECORD  
WH UNFADING INK—THIS IS A PERMANENT RECORD  
I be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should so that it may be properly classified. EX statement of OCCUPATION is of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM  
 N. B.—Every item of information should be carefully supplied. AGE should be  
 state CAUSE OF DEATH in plain text so that it may be properly classified.  
 very important. See instructions on back of certificate.

7 AGE 25 yrs. 3 mos. 3 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION  
 (a) Trade, profession or particular kind of work County  
 (b) General nature of industry, business or establishment in which employed (or employer) Patrolman

9 BIRTHPLACE (State or country) Kentucky

PARENTS  
 10 NAME OF FATHER Harvy Stout  
 11 BIRTHPLACE OF FATHER (State or country) Kentucky  
 12 MAIDEN NAME OF MOTHER Mary Ellingsworth  
 13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Harvy Stout  
 (Address) Buechel, Ky.

15 Filed 1925 Registrar

11-2184

cc  
 930  
 5/11/25

that I last saw h..... alive on..... 192.....  
 and that death occurred on the date stated above at 7: P.m.  
 The CAUSE OF DEATH\* was as follows:

Crushed Head & left leg  
 torn near thigh. Accid.  
 Motorcycle vs Auto mos..... ds.

Contributory (Secondary)  
 Road Center, Corner  
 (Signed) *[Signature]*  
 May 9, 1925 (Address) *[Address]*  
 \*State (1) disease causing death, or, in death from violent cause, state (1) means of injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 at place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.  
 Where was disease contracted,

If not at place of death?.....  
 Former or usual residence Fernbrook, Ky.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
 Jeffersontown, Comet. May, 5, 1925

20 UNDERTAKER ADDRESS  
 Myers & Blanton Baker  
 Jeffersontown Ky.