

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

Do not use this space.

36825

1. PLACE OF DEATH U.S.V.Hosp. #67

County.....Jackson  
Township.....Law  
City.....K.C.Mo.

Registration District No.....399  
Primary Registration District No.....1002  
(No. U.S. Veterans Hosp.)

File No.....  
Registered No.....4646  
Ward.....

2. FULL NAME Starmer, Romulus Dixon C-None

(a) Residence. No. 2510 Silver St., ..... Ward. .... Fireman 1/c U.S.Navy  
(Usual place of abode) Argentine, Kansas (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-25-1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	31	7	12	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Locomotive Fireman  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Rushville  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Starmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records,

(Address) Kab. Mo  
15. FILE # 12/8-27 M. M. Crome REGISTRAR  
assh

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-7 1927

17. I HEREBY CERTIFY, That I attended deceased from December 2, 1927, to December 7, 1927 that I last saw h. im alive on December 7, 1927 and that death occurred, on the date stated above, at 3:10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia, Lobar, acute R & L. Upper lower part and right lower lobe.

CONTRIBUTORY (SECONDARY) 10/10/27 (duration) yrs. mos. ds. 10

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: Kansas City, Kansas

DID AN OPERATION PRECEDE DEATH? No. DATE OF.....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Phys. & X-ray findings.

(Signed) W. E. Chambers, M. D.  
W. E. CHAMBERS, Medical Officer in Charge  
U.S.V. Hosp. #67 Kansas City Mo.  
\*State the DIRECT CAUSE OF DEATH, or in deaths from violent causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Rushville Mo DATE OF BURIAL Dec 10 1927

20. UNDERTAKER A. J. Dehner Mortuary ADDRESS City

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.

