

AUG 29 1928

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

Do not use this space.

28255

1. PLACE OF DEATH

County Ray Registration District No. 740  
Township Crooked River Primary Registration District No. 4442  
City Hardin (No. .... St. .... Ward)

File No. ....  
Registered No. 68  
St. .... Ward)

2. FULL NAME John Alexander Starr

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mrs. Ruth Starr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 8 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 7 25

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox, Co Ohio

10. NAME OF FATHER Alexander Starr

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

12. MAIDEN NAME OF MOTHER Isabelle Campbell

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

14. INFORMANT Mrs Ruth Starr (Address) Hardin Mo.

15. FILED Aug 29 1928 Jno W. Kringschies REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1 1928, to Aug 3 1928 (that I last saw him alive on Aug 3 1928, and that death occurred, on the date stated above, at 3:20 a.m.)

THE CAUSE OF DEATH\* WAS AS FOLLOWS: Diabetes Mellitus

59 57 (duration) 4 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH. no. DATE OF ...

20. WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS. Physioid & Clinical (Signed) Martin Dravis, M. D. (Address) Hardin, Mo.

\*State the DISEASE CAUSING 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 Lavelock Cem. DATE OF BURIAL 8/5/28 19

20. UNDERTAKER J. R. Mansueti ADDRESS Richmond Mo.

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.

