

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

Do not use this space.

467

1. PLACE OF DEATH
 County Callaway Registration District No. 104 File No. _____
 Township Fulton Primary Registration District No. 3008 Registered No. 6
 City _____ St. _____ Ward _____

2. FULL NAME Helen B Starks
 (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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2-27
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 2 3
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____
 9. BIRTHPLACE (CITY OR TOWN) Fulton
 (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Booner Starks
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Minnie Fred Walker
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Missouri
 14. INFORMANT Booner Starks
 (Address) Fulton, Mo

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1929
 17. I HEREBY CERTIFY, That I attended deceased from Dec 28 1928 to Jan 5 1929
 that I last saw h. _____ alive on _____ 19 _____ and that death occurred, on the date stated above, at 10:45 a.m.
 THE CAUSE OF DEATH WAS AS FOLLOWS:
Dysentery acute
16c (duration) yrs. mos. 9 da.
 CONTRIBUTORY (SECONDARY) bronchitis
 (duration) yrs. mos. 4 da.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) Martin Gates, M. D.
Fulton 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 South Side Cemetery DATE OF BURIAL 1-6-29
 20. UNDERTAKER Chas Bell ADDRESS Fulton, Mo

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.

FILED 1929

PARENTS

FILED 5 19 29 R. N. Crews REGISTRAR

