

367631

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

Do not use this space *7/20*
367631 A

1. PLACE OF DEATH

County *Macon*
Township *Richland*
City *La Plata* (No. St. Ward)

Registration District No. *539 918* File No. *11*
Primary Registration District No. *73186 3/3* Registered No.

2. FULL NAME *Francis Ladar Stark*

(a) Residence No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 *F* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *child of*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Marshall M Stark*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Nov 8 - 1930*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *2*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *child*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Macon Mo*
(STATE OR COUNTRY)

10. NAME OF FATHER *Marshall M Stark*

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

12. MAIDEN NAME OF MOTHER *Genevieve Danner*

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

14. INFORMANT *Marshall M Stark*
(Address) *La Plata Mo*

15. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov 8* 19*30*

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D.

, 19 (Address)

*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 *La Plata Cemetery* DATE OF BURIAL *Nov 9* 19*30*

20. UNDERTAKER *D. Christie* ADDRESS *La Plata 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.

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