

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

Do not use this space.

25620

1. PLACE OF DEATH

County Marion
Township X
City Hannibal (No.)

Registration District No. 547
Primary Registration District No. 3029
Evening Hospital St.

File No.
Registered No. 191
6 Ward

2. FULL NAME Donald Jean Starr

(a) Residence, No. 606 Rock St., Ward.

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 6 - 1930</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>9</u>	<u>27</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>191</u>	
	10. Date deceased last worked at this occupation (month and year) <u>X</u>	11. Total time (years) spent in this occupation <u>8 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Missouri</u>		
FATHER	13. NAME <u>Odes Starr</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike Co. Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Edna Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Indiana</u>	
17. INFORMANT: <u>Odes Starr (Father)</u> (ADDRESS) <u>606 Rock Hannibal Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Church</u> DATE <u>July 5, 1931</u>		
19. UNDERTAKER: <u>Wm M. Smith</u> (ADDRESS) <u>902 Adams Hannibal, Mo</u>		
20. FILED <u>July 6, 1931</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1931, to July 3, 1931
I last saw him alive on July 3, 1931. Death is said to have occurred on the date stated above, at 9:30 pm.
The principal cause of death and related causes of importance were as follows:
Repeated convulsions
Cause of convulsion
Not determined - Temp was 10.4 to 10.5 with ear of death -
No evidence of Meningitis
Other contributory causes of importance:
Heat stroke suspected but NOT proven -

23. Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify
(Signed) J. E. Sultzman, M. D.
(Address) Hannibal 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.

28 1931

