

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

Do not use this space.

38521

1. PLACE OF DEATH

County Pemiscot
Township Virginia
City Wentworth (No. _____)

Registration District No. 655
Primary Registration District No. 5872

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Owen Paulk Starfield

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 11

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wentworth Mo

FATHER 13. NAME M. O. Starfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Ga

MOTHER 15. MAIDEN NAME Genevieve Sothwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Ga

17. INFORMANT H. M. Owens
(ADDRESS) State Mo R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus DATE 11-16-1931

19. UNDERTAKER (ADDRESS) _____

20. FILED 12/1 1931 Max P. Kelly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

"Prematurity" Date of onset _____
159# 10 1/2
Other contributory causes of importance: Broncho Pneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical pathology Was there a autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 11-13-1931

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) James P. Vickrey M. D.
Biaggodacio No. 11/16/31

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.

NO 2 1931

