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.

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

Do not use this space.

20333

JUL 24 1935

1. PLACE OF DEATH

61 County Macon — Registration District No. 532

Township La Plata — Primary Registration District No. 6711

City ..... (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Hazel Naomi Stark

(a) Residence, No. La Plata Mo R F D Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 15 mos. 2 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alfred F Stark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 27 1934

7. AGE — YEARS: 1 — MONTHS: 3 — DAYS: ~~2~~ 3 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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): Mo

FATHER

13. NAME: Alfred F Stark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Helen McElliott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Alfred F Stark La Plata Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE La Plata DATE July 1 1935

19. UNDERTAKER (ADDRESS): D S Christie La Plata Mo

20. FILED 7/10 1935 Dr O B Griffin Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1935

22. I HEREBY CERTIFY That I attended deceased from 6/29, 1935, to 6/30, 1935

I last saw her alive on 6/24, 1935. 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:

| | Date of onset |
|---|---|
| Bronchopneumonia | (?) |

Other contributory causes of importance: Congenital mitral valvular deficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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? ✓

If so, specify .....

(Signed) A L Cambre, M. D.

(Address) Atlanta Mo