

MAY 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County Dickory
Township Green
City Liberal (No. _____) St. _____ Ward _____

Registration District No. 246Primary Registration District No. 3-9-99-55File No. 7 10332Registered No. 72. FULL NAME Montrose Stark

(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. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Mr Rosa Stark

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

Nov. 9 - 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

59417

OCCUPATION

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

Farmer

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)

Iowa

FATHER

13. NAME

Wm A Stark

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

Indiana

MOTHER

15. MAIDEN NAME

Emily Kumbul

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

Indiana

17. INFORMANT

Rosa Stark

(ADDRESS)

Liberal Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

National Cemetery

DATE

3-27-1936

19. UNDERTAKER

(ADDRESS)

P. B. JonesBuffalo Mo

20. FILED

May 10 1936Alice Davis

Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 26 1936

22. I HEREBY CERTIFY That I attended deceased from

March 21 1936 to March 26 1936I last saw him alive on March 25 1936 Death is saidto have occurred on the date stated above, at 8 a m.

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

"Asthma"

Date of onset

7/30

Other contributory causes of importance

Pulmonary Tuberculosis Long

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

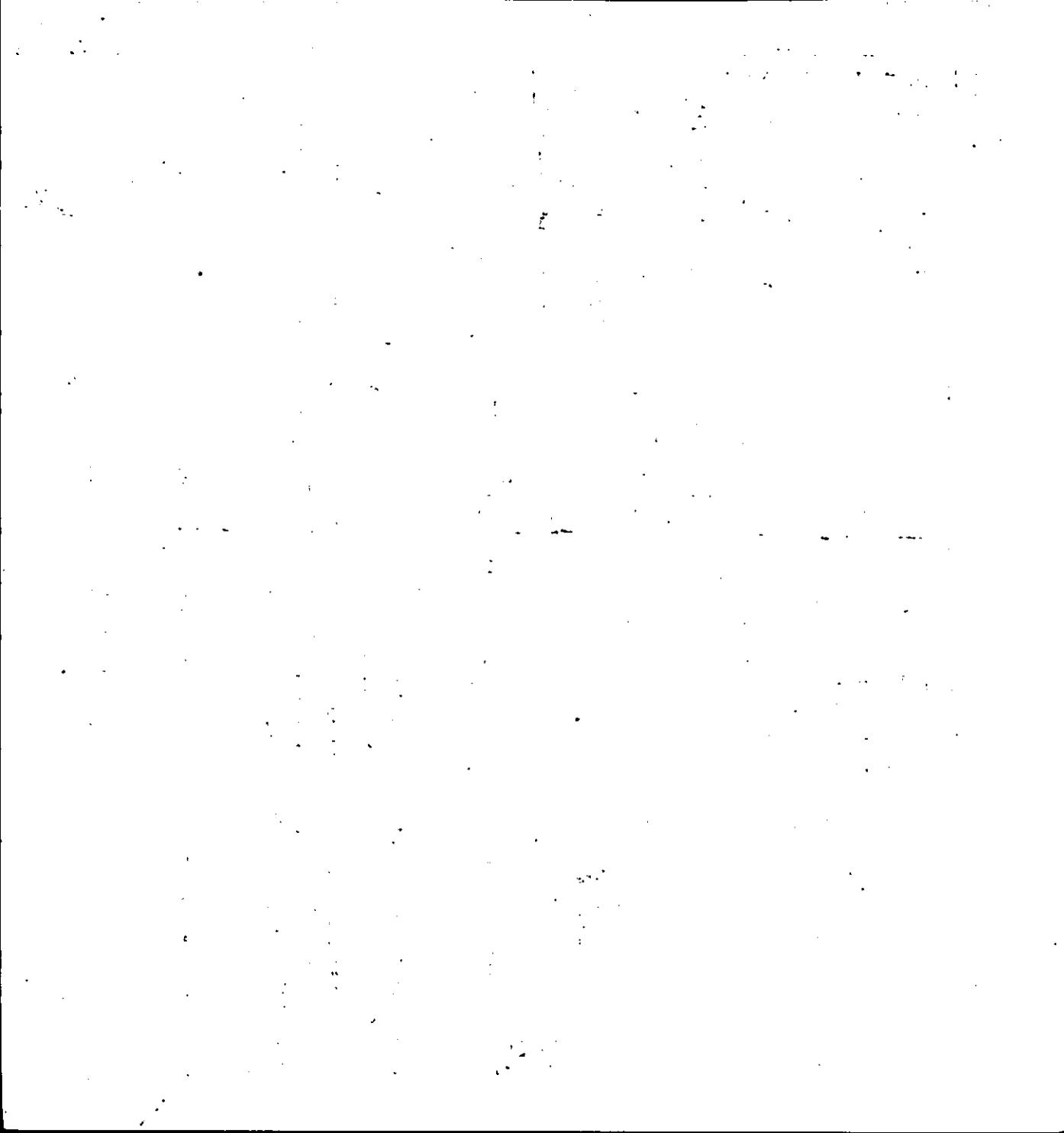
(Signed)

L. A. Haines

, M. D.

(Address)

Liberal, Mo.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

10332

1. PLACE OF DEATH

County Hickory Registration District No. 362
 Township Green Primary Registration District No. 0327
 City (No) _____ St. _____ Ward _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Montrose Starr

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Rosa Starr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than day, or min.
	<u>29</u>	<u>4</u>	<u>17</u>	

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

FATHER 13. NAME Wm A. Starr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Emily Hinckley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Rosa Starr
Urban, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 3-27-36

19. UNDERTAKER (ADDRESS) L. B. Gross
Buffalo, Mo

20. FILED 8-11 1936 John P. Dennis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1936

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1936, to March 26, 1936

I last saw alive on March 25, 1936. Death is said to have occurred on the date stated above, at 8 a.m.

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

asthma
Pulmonary tuberculosis
of lungs

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) L. A. Plaines M. D.

(Address) Urban, Mo

10332