

JUN 22 1936

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

Do not use this space.

23368

1. PLACE OF DEATH

County Laclede
Township Laconade
City (No.)

Registration District No. 463
Primary Registration District No. 5619

File No.
Registered No. 59 (Ward)

2. FULL NAME

Rex Starnes

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

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>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6, 1936</u>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day,hrs. ormin.
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.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-8 1936, to 6-8 1936.

I last saw him alive on June 8, 1936 Death is said to have occurred on the date stated above, at 11:55 P.m.

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

Premature

Date of onset

Other contributory causes of importance

15A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Abv. mo</u>
13. NAME	<u>William J. Starnes</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Laclede Co mo</u>
15. MAIDEN NAME	<u>Rosa Bingham</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Laclede Co, mo</u>
17. INFORMANT (ADDRESS)	<u>W. J. Starnes Abv. mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Nickles Cem, DATE June 9, 1936</u>
19. UNDERTAKER (ADDRESS)	<u>J. N. Shockley Falcon mo</u>
20. FILED	<u>June 8, 1936 E. B. Nelson Registrar.</u>

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) J. B. Summers M. D.
(Address) Laclede mo

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.

