

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

35210

OCT 21 1936

1. PLACE OF DEATH
County Pettis Registration District No. 668
Township..... Primary Registration District No. 3032
City Sedalia (No. Bothwell Hospital) St. Ward)

File No. 283
Registered No. 668

2. FULL NAME Henry Jarvis Starkey
(a) Residence, No. 1404 S. Prospect 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 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 Maggie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 5, 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 15

OCCUPATION
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) Missouri

FATHER
13. NAME Bennett Starkey

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

MOTHER
15. MAIDEN NAME Nancey Barger

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

17. INFORMANT (ADDRESS) Mrs. H. J. Starkey Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept. 22, 1936
Gillespie Funeral Home

19. UNDERTAKER (ADDRESS) Sedalia, Missouri.

20. FILED Sept 22 1936 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1936, to Sept 20, 1936
I last saw him alive on Sept 20, 1936 Death is said to have occurred on the date stated above, at 6:15 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
hypertension
to an atherosclerosis
Date of onset 9-18-36

Other contributory causes of importance:
hypertension & atherosclerosis
to an atherosclerosis
1932

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Arthur G. Musser, M. D.
(Address) 111 W 4 Sedalia 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.

