

NOV 17 1936

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

Do not use this space.

36611

1. PLACE OF DEATH

County Barton
Township hamar
City hamar (No.)

Registration District No. 40
Primary Registration District No. 4024

File No.
Registered No. 44
St. Ward)

2. FULL NAME

Mary Ann 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 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 15

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

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 67

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Missouri

13. NAME Abraham Wagaman

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

15. MAIDEN NAME Mary Walden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodford County Kentucky

17. INFORMANT (ADDRESS) Mrs. Belle Sturdevant Enid, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE hake Cemetery DATE Oct 6th 1936

19. UNDERTAKER (ADDRESS) Konantz Funeral Home hamar Mo

20. FILED Oct-6-1936 A. J. Mynatt Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1936, to October 4, 1936. I last saw her alive on October 4, 1936. Death is said to have occurred on the date stated above, at 9:15 a.m.

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

Intestinal obstruction from an abdominal tumor probably a Cystic Ovary - about 1936

Other contributory causes of importance: acute diarrhea a bout day probably from the obstruction - no bowel movement after Oct 1st

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

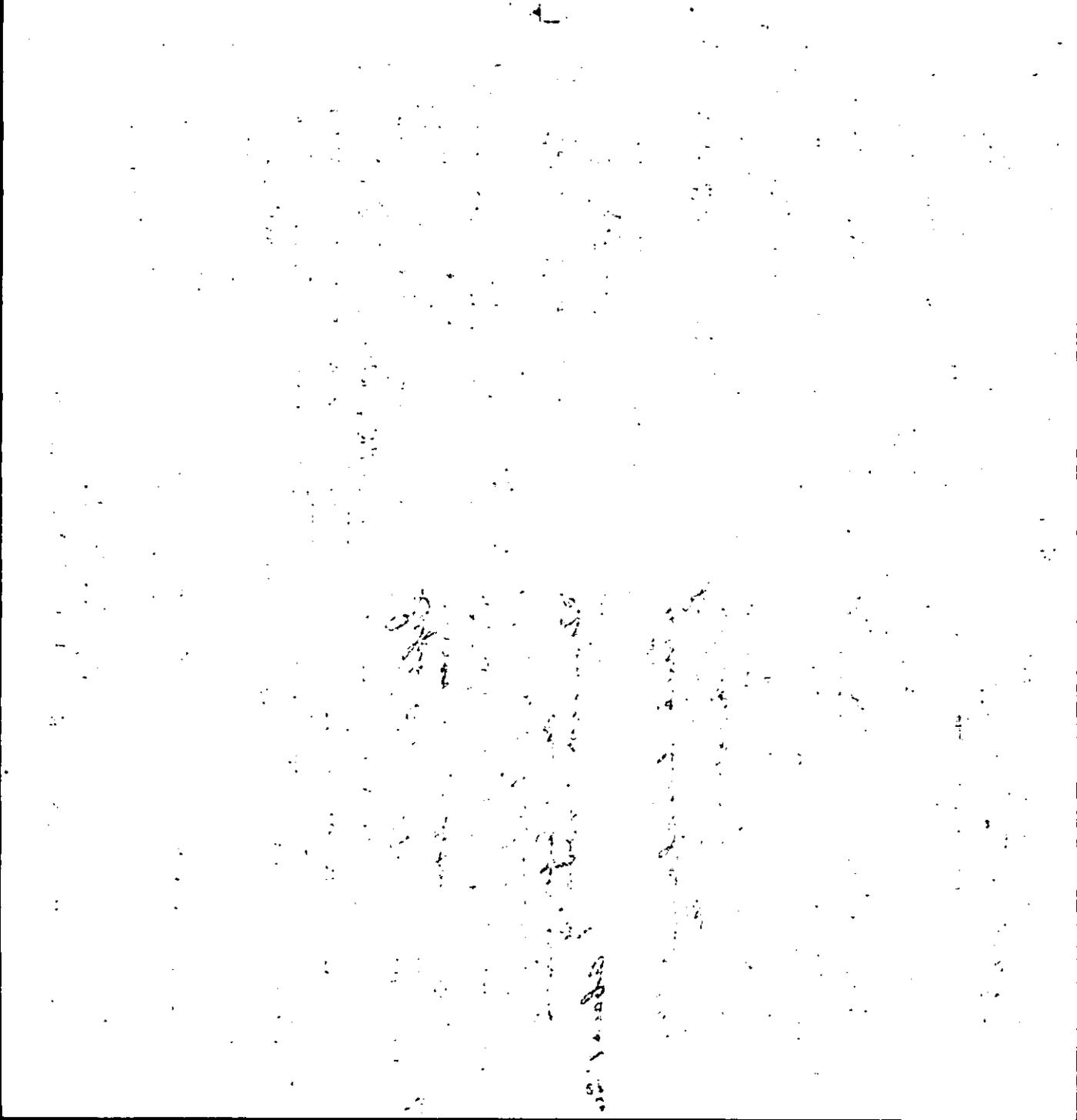
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury., 19...

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) O. E. Duckett, M. D. (Address) Lamas, Mo



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City Lamar (No.)

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File No.
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St. Ward)

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. or min.
81 8 15

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED Oct 6 - 1936 Mrs Josephine Myrath Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4th 1936

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....., 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:

Intestinal obstruction from an abdominal tumor probably a cystic ovary about 1926 growth appeared about 1926 and slowly enlarged - Was

Other contributory causes of importance: Not very highly malignant from time of growth - It was about the size of a cocoon at time of death and was in left lower

Name of operation Pelvis 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) C. E. Bennett, M. D.

(Address) Lamar Mo

SUPPLEMENT

S-36611

CONFIDENTIAL