

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

2668
 2075
 Do not use this space.

1. PLACE OF DEATH

(a) County FRANKLIN Registration District No. 293
 (b) Township BOLES Primary Registration District No. 5411 Registered No. _____
 (c) City _____ (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ELLIOTT MAJOR STARKEY 362

(a) Residence, No. _____ St. Curryville, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 2075, 19____.
 I last saw him _____ 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:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1910
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 2 21

Accidentally fell from moving train or while trying to board moving train on Missouri Pacific Rightaway. Fracturing skull, right leg amputated at knee, left Date of onset _____
 Other contributory causes of importance: leg broken at Ankle and also bet tween knee and thigh, while tres- passing on Railroad Rightaway.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tree-Trimmer
 9. Industry or business in which work was done, as 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) Curryville (STATE OR COUNTRY) Missouri

13. NAME J. B. Starkey

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

15. MAIDEN NAME Bertha Biansetter

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

17. INFORMANT J. B. Starkey (ADDRESS) Butler, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Curryville, Mo. DATE 1/24 1938

19. FUNERAL DIRECTOR (ADDRESS) Geo. L. Phillips
Pacific Mo

20. FILED 1-26 1938 Mary Gross
 Local Registrar.

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? Accident Date of injury _____, 19____
 Where did injury occur? Mo. Pacific R. R. in Boles (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Private Property
 Manner of injury Accident
 Nature of injury Mutilation

24. Was disease or injury in any way related to occupation of deceased? 4
 If so, specify _____
 (Signed) Thos. P. Shaffer Coroner D. Sullivan, Missouri.
 (Address) _____

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.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Geo. L. Thies, Licensed Embalmer No. 3008

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Geo. L. Thies

Licensed Embalmer No. 3008

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)