

REC'D MAR 9 1939

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

6688

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
 (b) Township _____ Primary Registration District No. 4207 Registered No. _____
 (c) City West Plains (d) Street No. 403 East Main St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

362 **WILLIAM McWHIRTER STARKEY**
 (a) Residence, No. 403 East Main. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 29

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) West Plains,
(STATE OR COUNTRY) Missouri

FATHER
 13. NAME Wm. McW. Starkey
 14. BIRTHPLACE (CITY OR TOWN) West Plains,
(STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Inez Forrester
 16. BIRTHPLACE (CITY OR TOWN) Bono,
(STATE OR COUNTRY) Arkansas.

17. INFORMANT Wm. Mcw. Starkey
(ADDRESS) West Plains, Mo.18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cem.
PLACE West Plains, Mo. DATE Feb. 15, '3919. FUNERAL DIRECTOR (NAME) Hal Thornburgh
(ADDRESS) West Plains, Mo.20. FILED 2-15-39 Vida W. SIMONS
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1939 to Feb 14 1939
 I last saw him alive on Feb - 13 - 1939 Death is said to have occurred on the date stated above, at 2:30 a.
 The principal cause of death and related causes of importance were as follows:

Congestional Debility 1/15/39
159
 Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

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) P. D. [Signature], M. D.

(Address) West Plains, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.