

REC'D MAY 10 1939

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

14868

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 1
(b) Township Springfield or Primary Registration District No. 300
(c) City Springfield (d) Street No. Springfield Baptist Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 362 Luther A Starkey St. Junius Mo
(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 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 Cora Starkey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 1944
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 0 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Urbana Mo

FATHER 13. NAME Fredrick Starkey

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

MOTHER 15. MAIDEN NAME Julia Brown

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

17. INFORMANT (ADDRESS) Cora Starkey Branch Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wopurville DATE Apr 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Outgateson Blvd 1302 W 1st St

20. FILED Apr 7 1939 Chas A. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1 1939 to April 8 1939

I last saw him alive on 4/7 1939 Death is said to have occurred on the date stated above, at 11:30 P.M. The principal cause of death and related causes of importance were as follows:

Acute Glomerulo Nephritis Date of onset 3/1/39

Other contributory causes of importance:

Hypertension
Thrombolytic Purpura 4/1/39
Hypert. Cardiovascular Disease

Name of operation none Date of

What test confirmed diagnosis? WAS ENPH 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? No

If so, specify

(Signed) Durwood B. Hall M. D.

(Address) 500 Holland Bldg Springfield, Mo

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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.

X