

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

Do not use this space.

JUN 24 1939

20037

1. PLACE OF DEATH

County Vernon
Township Racon
City Schell city

Registration District No. 277
Primary Registration District No. 6163-

File No. _____
Registered No. 7 Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5, 1849

7. AGE YEARS 89 MONTHS 9 DAYS 8 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house keeper
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) March of death 11. Total time (years) spent in this occupation 69 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville Ohio

13. NAME Henry King

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

15. MAIDEN NAME Sarah Claypool

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Man B. Ayler Schell city, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn cemetery DATE May 14 1939

19. UNDERTAKER (ADDRESS) State Livery & Son Schell city, Mo

20. FILED May 13, 1939 Pearl Rappin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1939 to May 13, 1939

I last saw him alive on May 12, 1939 Death is said to have occurred on the date stated above, at 8:10 pm

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

Influenza
Date of onset May 13-9

Other contributory causes of importance: Dehydration of the Head "acute" and infarctions of the brain

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. C. Chamberlain, M. D.
597 (Address) Schell City Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

District Health Officer No. 7,

District File Number 1-35-869

Date Filed 6-5-39