UG 22 1928

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

Do not use this space.

23387

1. PLACE OF DEATH

County: Dade — Registration District No.: 237 — File No.:

Township: Center — Primary Registration District No.: 4144 — Registered No.: 30

City: Greenfield (No. ..... St. ..... Ward)

2. FULL NAME Nancy M. 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: Caucasian
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Lewis L. Stark

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 14, 1855

7. AGE: Years 73 | Months 4 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Dade Co.
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Henry Byrd
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Lucy Choate
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Tennessee

14. INFORMANT: Mrs Lucy Scott
(Address): Greenfield, Mo

15. FILED 7-24, 1928 E. O. Ball, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to 5 July 21, 1928, that I last saw her alive on July 21, 1928, and that death occurred, on the date stated above, at 5 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer
53E
Malignant on Shoulder
..... (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 49
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo L. Weir, M.D.

, 19 (Address) Greenfield Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~: Pennsboro. Cem.
DATE OF BURIAL: July 21 1928

20. UNDERTAKER: G. W. Ward
ADDRESS: Greenfield Mo.

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.