

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

Do not use this space.

27684

1. PLACE OF DEATH
 County Jefferson Registration District No. 431
 Township Joachim Primary Registration District No. 4349
 City Festus (No.) St. Ward)

File No.
 Registered No. 78

2. FULL NAME George Riley Stark
 (a) Residence No. St. Ward.
 (Usual place of abode)
 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. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Anna Stark		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9th..1854		
7. AGE YEARS 74	MONTHS 2	DAYS 22
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer) General Farming (c) Name of employer Self		

9. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER Eli Stark.
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Illinois</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER Margarette Bullock
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mt. Vernon Ill</u> (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 83 1928 J.E. Rutledge
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 1 1928
 17. I HEREBY CERTIFY That I attended deceased from July 15 1928 to Aug 1 1928
 that I last saw him alive on July 31 1928 and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Bronchitis
General Fractures
 CONTRIBUTORY (SECONDARY) All his life

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS?
87 (Signed) J.E. Rutledge, M.D.
71, 1928 (Address) Festus, 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 Iron Cemetery DATE OF BURIAL 8/3 1928

20. UNDERTAKER First Mnd. Co. ADDRESS Festus 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.

