

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

Do not use this space.

14910  
1955

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Jean Primary Registration District No. \_\_\_\_\_  
 City N.C. Mo. (No. 3838 Thompson, ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Louise N. Stark  
 (a) Residence No. 3838 Thompson 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-24-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 5 v

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Benton Co., Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Combs

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Benton Co. Mo.

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Frank Thompson  
 (Address) 3838 Thompson

15. FILED 4/27, 1929 M. M. Cirou REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr-26, 1929

17. I HEREBY CERTIFY, That I attended deceased from 5-7, 1927, to 4-26, 1929, that I last saw her alive on 4-25, 1929, and that death occurred, on the date stated above, at 9:10 A.M. m. 48

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma abdominal viscera, intestinal, liver, general metastasis.  
 (duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (SECONDARY) Carcinoma Cervix  
 (duration) 2 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 6-9-27

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical Laboratory  
 (Signed) [Signature] M. D.

4/26, 1929 (Address) N.C. 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 Mt. Washington DATE OF BURIAL Apr 29, 1929

20. UNDERTAKER Mrs. C. L. Forster ADDRESS S. E. 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.

924 R...  
1552 min

2-4<sup>30</sup>

924 R...  
1552 min  
2-4<sup>30</sup>