

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

Do not use this space.

17791

JUN 25 1929

1. PLACE OF DEATH

County Gentry
Township Albany
City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185-

File No.
Registered No. 29
St. Ward)

2. FULL NAME Mrs Sarah H Staring

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J M Staring

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 - 1841

7. AGE YEARS MONTHS DAYS If LESS than I day, hrs. or min.
88 4 00

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) Frankoma
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Wilson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Frankoma
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Elmyra Hughes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Frankoma
(STATE OR COUNTRY) Missouri

14. INFORMANT James Woodward
(Address) Albany Mo

15. FILE NO. May 13, 1929 W. T. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May 13, 1929 to May 13, 1929, and that I last saw him alive on May 12, 1929, and that death occurred, on the date stated above, at 10:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina - Diabetes Heart - with arteriosclerosis

18. WHERE WAS DISEASE CONTRACTED Ill
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. W. Whitley, M. D.
May 13, 1929 (Address) Albany, 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 Jefferson Doug DATE OF BURIAL May 14 1929
20. R. Shockley ADDRESS Albany

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.

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