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

Do not use this space.

39940

JAN 20 1931

1. PLACE OF DEATH
County Lawrence
Township
City Marionville (No. ..... St. ..... Ward)

Registration District No. 468
Primary Registration District No. 4889

File No.
Registered No. 28

2. FULL NAME Joseph Edward 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Nora Belle Stark

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-17-1897

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	2	21	

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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pierce City Mo

PARENTS

10. NAME OF FATHER A. S. Stark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo
12. MAIDEN NAME OF MOTHER Orpha Merritt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co Mo

14. INFORMANT E. N. Webb
(Address) Marionville Mo

15. FILED Jan 1, 1931 R. Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-8-1930

17. I HEREBY CERTIFY, That I attended deceased from July 12th, 1930, to Dec 4th, 1930 that I last saw him alive on Dec 7th, 1930, and that death occurred, on the date stated above, at 9:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Kidney
51A
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) none
(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? Clinical symptoms
(Signed) F. W. Lester, M. D.
, 19 (Address) Marionville, 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: Marionville
DATE OF BURIAL: Dec 12, 1930

20. UNDERTAKER: Bradfords Funeral Home
ADDRESS: Marionville

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.