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.

APR 27 1931

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

Do not use this space.

11294

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No. 45
Township N — Primary Registration District No. 4464 — Registered No.
City Farmington (No. ..... St. ..... Ward)

2. FULL NAME Lucile Ollie may Starnes

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: no
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1930

7. AGE YEARS 8 MONTHS 6 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State Hospital #4 Farmington Mo

FATHER
13. NAME Plumer Starnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexander North Carolina

MOTHER
15. MAIDEN NAME Ollie Bowman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexander North Carolina

17. INFORMANT (ADDRESS) Plumer Starnes

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE K of P. County Farmington DATE 3-18-1931

19. UNDERTAKER (ADDRESS) Neidert und Co Farmington Mo

20. FILED 3-18-1931 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1931, to March 13, 1931
I last saw her alive on March 12, 1931. Death is said to have occurred on the date stated above, at 12 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Mar 1931
7	
107	

Other contributory causes of importance:
Measles

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. Appleberry, M. D.
(Address) Farmington Mo