

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 3640 Marine Ave.)

Registration District No. 791
Primary Registration District No. 1003

26752

File No.
Registered No. 7944
St. Ward)

2. FULL NAME Jesse O. Stark

(a) Residence. No. St. 24 Ward. Hartshorn, Mo.
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Dec. 28, 1893**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 6 19

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) **Mo.**

10. NAME OF FATHER **Nelson Stark**

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

12. MAIDEN NAME OF MOTHER **Lizzie Taylor**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**

14. INFORMANT Walter Stark
(Address) **3640 Marine Ave., St. Louis, Mo.**

15. FILED 11 17 1931 Jesse O. Stark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 17, 1931 19**

17. I HEREBY CERTIFY, That I attended deceased from **Apr. 22, 1931**, 19... to **July 17, 1931**, 19... that I last saw him alive on **July 17, 1931**, 19... and that death occurred, on the date stated above, at **7:25 AM**.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of liver, hypertrophic

*174 B
95 C*

(duration) **5** yrs. mos. da.

CONTRIBUTORY (SECONDARY) **Myocarditis Chronic**

(duration) yrs. **6** mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **Unknown**

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) A. M. McLeon M. D.

7-17-32 (Address) **3640 Marine Ave. St. Louis 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

DATE OF BURIAL

Mountain View, Mo **7-17 1931**

20. UNDERTAKER

ADDRESS

McLaughlin Und. **1631 McAdams**

