

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

Do not use this space.

**PLACE OF DEATH**

County Miller  
Township Richwoods  
City Iberia (No. \_\_\_\_\_)

Registration District No. 562  
Primary Registration District No. 5767

File No. 41568  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Leverna 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
		_____	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July - 27 - 1923</u>			
7. AGE	YEARS <u>8</u>	MONTHS <u>4</u>	DAYS <u>28</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
	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) <u>Granite City Ill.</u>			
FATHER	13. NAME <u>Minzo Emmerson Stark</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fussumba Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Euna Faucher</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iberia Mo.</u>		
17. INFORMANT <u>M. E. Stark</u> (ADDRESS) <u>Iberia</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Devuption Cem. Iberia</u> DATE <u>12/26</u> 19 <u>31</u>			
19. UNDERTAKER <u>G. L. Casey</u> (ADDRESS) <u>Iberia</u>			
20. FILED <u>Jan 7</u> 19 <u>32</u> <u>W. A. von Krempf</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

1. 1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1931, to Dec 24 1931.  
I last saw her alive on Dec 24 1931. Death is said to have occurred on the date stated above, at 6 p.m.  
The principal cause of death and related causes of importance were as follows:

<u>Lobar Pneumonia</u>	Date of onset <u>Dec 19</u>
<u>108</u>	<u>108</u>

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. A. von Krempf, M. D.  
(Address) Iberia 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 very important.

