

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

Do not use this space.

5444

1. PLACE OF DEATH

67 County Missouri
Township St. Louis
City Charleston

Registration District No. 566
Primary Registration District No. 5762

File No.
Registered No. 17
St. Ward)

2. FULL NAME

(a) Residence. No. RFD # 5 St. Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 18

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) Bullard County, Ky.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Willie Stark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bullard County, Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Amelia Shreve
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bullard County, Ky.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Virginia Stark
(Address) Charleston, Mo.

15. FILED Feb 28, 1932 J. S. Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1 P.M. 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1932 to Feb 27, 1932, and that I last saw him alive on Feb 27, 1932, and that death occurred, on the date stated above, at 1 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gall Stones
126
129 (duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY) acute General Peritonitis (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF 1

19. WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Amurshel, M. D.

*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 L.O.O.F. Cemetery DATE OF BURIAL 2/29 1932

20. UNDERTAKER Lain and Co. J. W. J. ADDRESS Charleston, Mo.

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.

MAR 24 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

W. Marshall