

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

Do not use this space.

7378

1. PLACE OF DEATH

10 County Columbia Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No.) St. Ward

2. FULL NAME

Margaret Ann Starrett

(a) Residence, No. 506 Wilks Blvd St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas G. Starrett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 8th 1846</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>11</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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>Readsville Callaway Co. Mo.</u>		
FATHER	13. NAME <u>Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know.</u>	
MOTHER	15. MAIDEN NAME: <u>Don't know.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know.</u>	
17. INFORMANT (ADDRESS) <u>George D. Starrett 406 W. Broadway Columbia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia</u> DATE <u>3/25</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Parlier Funeral Co Columbia MO</u>		
20. FILED <u>3/25</u> 19 <u>32</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-21 1932 to 3-22 1932
 I last saw h. ed alive on 3-22 1932 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Broncho Date of onset 3-20-32
107A
107A
 Other contributory causes of importance:
①

Name of operation Date of
 What test confirmed diagnosis? Physical findings Was there an autopsy? Yes

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) W. O. Fisher M. D.
 (Address) Columbia 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.

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

APR 23 1932

