

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

Do not use this space.

4897

1. PLACE OF DEATH

County Carter Registration District No. 143
Township Carter Primary Registration District No. 5205
City (No.) St. Ward

File No.

Registered No.

2. FULL NAME Beulah Starke

(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 Female 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 Burl Starke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
46 0 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Short Sta.
(STATE OR COUNTRY) Carter Co.

MOTHER FATHER 13. NAME Wm. Short

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Anna Potts

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Burl Starke
(ADDRESS) Van Buren, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Buren DATE 2, 16, 1933

19. UNDERTAKER W. C. Croy
(ADDRESS) Van Buren, Mo.

20. FILED 2-16, 1933 M. C. Croy
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1931, to Feb. 14, 1933

I last saw her alive on Feb. 14, 1933 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, Tuberc.
W. C. Croy
D. C.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) M. C. Croy, M. D.
(Address) Van Buren,

N. B.—Every item of information is important. Cause of death in plain terms, so that it may be properly classified. Leave statement of cause of death in plain terms, so that it may be properly classified.

