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

MAR 31 1933

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. 11987

1. PLACE OF DEATH
County Saline — Registration District No. 798
Township Blackwater — Primary Registration District No. 6042
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME John C. Starke
(a) Residence, No. R 7 D #1 Blackwater 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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Minnie Starke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1 1869
7. AGE YEARS 63 MONTHS 7 DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME John H. Starke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Sophia Malcomb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) W. J. Starke 1419 E. 7th Sedalia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Smithton Mo. DATE 3/4 1933
19. UNDERTAKER (ADDRESS) Gillespie Furn Home Sedalia Mo.
20. FILED 3/4 1933 Mrs Hall Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 1, 1933
22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1932, to Mar 1, 1933
I last saw him alive on Feb 28, 1933 Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
93C	
93C	

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? No
If so, specify .....
(Signed) W S Barnes, M. D.
(Address) Pilot Grove Mo