

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 is very important.

JUL 22 1933

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

Do not use this space.

1. PLACE OF DEATH *Jackson*  
 County *Jackson* Registration District No. *398*  
 Township *Blaine* Primary Registration District No. *3079*  
 City *Independence* (No. ....) St. .... Ward ....

2. FULL NAME *Warren Henry Stark*  
 (a) Residence, No. *902 West Maple Av* 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.

File No. **19591**  
Registered No. *184*  
St. .... Ward ....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 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 *Eladis*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 30<sup>th</sup> 1874*

7. AGE YEARS *58* MONTHS *8* DAYS *15* If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Real Estate dealer*

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) *Centerville Johnson Co Mo*

MOTHER FATHER

13. NAME *Henry Stark*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va*

15. MAIDEN NAME *Jenny Lamphier*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Va*

17. INFORMANT (ADDRESS) *Lady Stark*

18. BURIAL, CREMATION, OR REMOVAL *902 W. Maple*  
 PLACE *Woodlawn* DATE *June 17 1933*

19. UNDERTAKER (ADDRESS) *W. Mitchell Independence Mo*

20. FILED *June 16, 1933* *F. L. Clark*  
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 15 1933*

22. I HEREBY CERTIFY, That I attended deceased from *June 10*, 19*33*, to *June 15*, 19*33*.  
 I last saw him alive on *June 15*, 19*33*. Death is said to have occurred on the date stated above, at *9:30 p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Cardio-Renal disease*  
*95B*  
*103A* *96B*  
 Date of onset *1929*

Other contributory causes of importance:  
*Paronychia, nephritis*

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 *Joe H. Henson*  
 (Signed) *Independence*, M. D.  
 (Address) *Mo*

