

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.

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

Do not use this space.

19741

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township St. Marys Primary Registration District No. 1002  
City St. Marys Moop. (No. 1002) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 2455  
Registered No. 2455  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James W. Starke

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Corder, Mo.  
(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 <u>Male</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>Cora Starke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 5, 1867</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>9</u>
	DAYS <u>9</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>Carpenter</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>Dover Mo.</u>		
MOTHER	13. NAME <u>Benjamin Starke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Richmond Virginia</u>	
	15. MAIDEN NAME <u>Amanda Dorn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dover Mo.</u>	
17. INFORMANT <u>Becy Starke</u> (ADDRESS) <u>Corder Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Corder Mo.</u> DATE <u>June 7, 1933</u>		
19. UNDERTAKER <u>Hays &amp; Meinertshagen</u> (ADDRESS) <u>Staggsville Mo.</u>		
20. FILED <u>June 12, 1933</u> <u>Wm. M. Brown</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/5/33 1933

22. I HEREBY CERTIFY That I attended deceased from 6/3/33 1933 to 6/5/33 1933.  
I last saw him alive on 6/5/33 1933. Death is said to have occurred on the date stated above, at 5:57 a.m.  
The principal cause of death and related causes of importance were as follows:  
Perforated duodenal ulcer Date of onset ?  
176  
1176  
Other contributory causes of importance:  
Acute generalized peritonitis 6/2/33

Name of operation No. Date of \_\_\_\_\_  
What test confirmed diagnosis Autopsy 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?  
If so, specify \_\_\_\_\_  
(Signed) [Signature] M.D.  
(Address) [Address]

