

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

Do not use this space.

29001

1. PLACE OF DEATH

County Carroll Registration District No. 135- File No. _____
 Township Trotter Primary Registration District No. 5192 Registered No. 76
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Stark

(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 <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>Eda Alice Myers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 11, 1863</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>10</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Farmer</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>Carroll County</u>		
13. NAME <u>Phillip Stark</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
15. MAIDEN NAME <u>Margaret Folding</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs. William Stark</u> (ADDRESS) <u>Carrollton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Beatty Church</u> DATE <u>Sept. 20, 1933</u>		
19. UNDERTAKER <u>Standley</u> (ADDRESS) <u>Carrollton Mo.</u>		
20. FILED <u>9-19-1933</u> <u>Mrs. F. Dambem</u> Registrar.		

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to Sept 15th, 1933
 I last saw him alive on Sept 15th, 1933 Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset _____

Other contributory causes of importance: _____

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.

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) William B. Atwood, M. D.
 (Address) Carrollton, Mo

