

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

Do not use this space.

30606

1. PLACE OF DEATH

County Putnam Registration District No. 724
 Township York Primary Registration District No. 5953
 City (No. _____) St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Rebecca Starr
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14th 1873
 7. AGE YEARS 59 MONTHS 6 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. Blacksmith
 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) Putnam Co (STATE OR COUNTRY) Missouri
 13. NAME Bryant Starr
 14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____
 15. MAIDEN NAME Martha Ellis
 16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY) _____

17. INFORMANT Nettie Schoonover (ADDRESS) Washington, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyeoka Cem DATE Sept 30, 1933

19. UNDERTAKER Brown and Miller (ADDRESS) Wassonville, Mo

20. FILED Sept 29, 1933 Belia Cozad Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28th 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-28, 1933, to 9-29, 1933
 I last saw him alive on 9-28, 1933. Death is said to have occurred on the date stated above, at 5 A m.
 The principal cause of death and related causes of importance were as follows:

Peritonitis
129
129
 Other contributory causes of importance: Do not know
 Date of onset _____

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) F. D. Rice, M. D.
 (Address) Lawrence, Mo

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. OCT 20 1933

