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

Do not use this space.

1. PLACE OF DEATH
County: Howell
Township: Howell
City: West Plains, Mo (No. ..., ..., St. ..., Ward)

Registration District No. 384
Primary Registration District No. 4227

File No. 32892
Registered No. ...

46 2 4

2. FULL NAME: James Nelson Starkey

(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 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

NOV 10 -33

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Martha E. Anthony

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 24, 1853.

7. AGE: 79 YEARS 5 MONTHS 27 DAYS; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Clarksburg, Tenn.

FATHER
13. NAME: Lycurgus Starkey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Hannah Collins.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): Lycurgus Starkey. (son) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Lawn DATE: Oct. 22, 1933

19. UNDERTAKER (ADDRESS): Hal Thomburgh West Plains, Mo

20. FILED Oct 21, 1933 Vida N. Simms Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1933, to Oct. 21, 1933
I last saw him alive on Oct. 21, 1933. Death is said to have occurred on the date stated above, at 2:10 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: ...

Other contributory causes of importance: None

Name of operation: None Date of: ...
What test confirmed diagnosis? None Was there an autopsy? No

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) R. A. Morgan, M. D.
(Address) West Plains, 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.

WRITE PLAINLY WITH INFADING INK—THIS IS A PERMANENT RECORD