

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township Castor
City (No.) (No.) St. Ward (No.) Ward

Registration District No. 638
Primary Registration District No. 5727

File No. 21130
Registered No. 44

2. FULL NAME

Mrs. Annie Starkey
(s) 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 F. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 - 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 - 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House
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) Germany

13. NAME John Redings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Rhoda Wellman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT E. D. Starkey
(ADDRESS) Fredricktown, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cherty DATE June - 6 - 1934

19. UNDERTAKER Ed. H. Webb
(ADDRESS) Fredricktown, Mo

20. FILED July 1934 B. C. Blawie
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1934
22. I HEREBY CERTIFY, That I attended deceased from May 26, 1934, to June 4, 1934.
I last saw her alive on June 4, 1934. Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
108
Date of onset 5-25-34

Other contributory causes of importance:

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) B. P. Beggs, M. D.
(Address) Fredricktown, Mo

By A. D. Schwane

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.

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