

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

Do not use this space.

5927

1. PLACE OF DEATH

County Lawrence Registration District No. 474
Township Ozark Primary Registration District No. 5638
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Marie Starkey
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T. H. Starkey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-1906

7. AGE YEARS 28 MONTHS 1 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
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) Greene Co. Mo.

13. NAME Dose Carter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co.

15. MAIDEN NAME Mellie Mounio

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co.

17. INFORMANT (ADDRESS) Mr. T. H. Starkey Ash Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Prospect DATE 2-7-36

19. UNDERTAKER (ADDRESS) Mounio & Leiman 1111 N. 11th St. Mo.

20. FILED 2/9/36 1936 W. P. Coontree Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31st, 1935, to Feb 6th, 1935
I last saw her alive on Feb 6th, 1935. Death is said to have occurred on the date stated above, at 6:20 A. M.

The principal cause of death and related causes of importance were as follows:

Influenza
Pneumonia
Left side.
11/2

Other contributory causes of importance:

Influenza

Name of operation none Date of none
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) Charles H. McHaffee, M. D.
(Address) Ash Grove, Missouri

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.

RECORD

