

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

Do not use this space.

10138

APR 24 1935

1. PLACE OF DEATH

County Pettis

Registration District No. 669

Township Smithton

Primary Registration District No. 4401

City Smithton

(No.)

File No.

Registered No. 7

St. Ward

2. FULL NAME

Andrew A. Starke

(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 40 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 (OR) WIFE OF Husband of Follie Starke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27-67

7. AGE YEARS 68 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

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) 2 month 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holden Mo

13. NAME John Henry Starke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo

15. MAIDEN NAME Sophia Malcom

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo

17. INFORMANT (ADDRESS) Mrs Follie Starke Smithton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton DATE 3-20-35

19. UNDERTAKER (ADDRESS) A. F. Neumeier Smithton Mo

20. FILED 3-20-35 1935 Mrs J. L. House Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17-35

22. I HEREBY CERTIFY that I attended deceased from July 1, 1934, to March 17-35

I last saw him/her alive on 3-16-35, 1935 Death is said

to have occurred on the date stated above, at 6-40 a.m.

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

Apoplexy 3/14/35

Other contributory causes of importance:

Chron Myocarditis

Name of operation Symptoms Date of No

What test confirmed diagnosis 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) E. E. Hilton M. D.

(Address) Smithton 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.

