

AUG 3 1935

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

Do not use this space.

791
1003

24433

File No. 5807
Registered No. 5807
St. Ward

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City (No. *Mo Baptist Hosp*)

2. FULL NAME

Maey Starr

(a) Residence, No. *4048 Westminster* Ward *19*

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 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 *Kenisey Starr*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 24, 1900*

7. AGE YEARS *34* MONTHS *7* DAYS *11* IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

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) *Mourning Co Georgia*

13. NAME *Wm Smel*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Georgia*

15. MAIDEN NAME *Fannie W. Law*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Georgia*

17. INFORMANT (ADDRESS) *Kenisey Starr 4048 Westminster*

18. BURIAL, CREMATION, OR REMOVAL PLACE *South, Georgia 7/6/1935*

19. UNDERTAKER (ADDRESS) *Benjamin Pfeiffer 1138 1/2 6th*

20. FILED *UL - 6 1935* Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *6-4, 1935* to *7-5, 1935*

I last saw him alive on *7-5-35*, 1935. Death is said to have occurred on the date stated above, at *6:50 p.m.*

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

*Several peritonitis
Bowel obstruction caused
by thrombosis of mesentery
of free unknown*

Other contributory causes of importance:

990

Name of operation Date of

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) *Edwin J. Tate*, M. D.
(Address) *3803 S. Missouri*

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.

1911

1911

THE UNIVERSITY OF CHICAGO
 LIBRARY
 540 EAST 57TH STREET
 CHICAGO, ILL. 60637
 TEL. 733-4100
 FAX 733-4100
 WWW.CHICAGO.LIBRARY.EDU

1911

1911