

MAR 19 1936

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

Do not use this space.

## 1. PLACE OF DEATH

 County Howell Registration District No. 383 File No. 5653  
 Township Gallegary Primary Registration District No. 5534 Registered No. \_\_\_\_\_  
 City Howell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

 (a) Residence, No. Mary Delia Starr (Usual place of abode) \_\_\_\_\_ Ward. \_\_\_\_\_  
 Length of residence in city or town where death occurred 18 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. D. Starr</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11 - 1864</u>		
7. AGE YEARS <u>72</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>
	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)  
Missouri

 13. NAME  
Robert Garrett

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Kentucky

 15. MAIDEN NAME  
Jessie Judd

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

 17. INFORMANT (ADDRESS)  
Miss Signe Ferraro  
West Plains Mo

 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
West Plains Mo Feb 17 1936

 19. UNDERTAKER (ADDRESS)  
John A. Quercus  
West Plains Mo

 20. FILED 5-5 1936 J. W. Whimigher Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 193622. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1936 to Feb 9, 1936I last saw her alive on Feb 9, 1936 Death is saidto have occurred on the date stated above, at 4 P. m.

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

Lobar Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Severely

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. M. Coughlan D. O., M. D.(Address) Mountain View, 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.

