MAY 14 1936

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

Do not use this space.

14122

File No. 518

Registered No.

Registration District No. 85

Primary Registration District No. 1001

**1. PLACE OF DEATH**

County: BUCHANAN

Township: ~~WASHINGTON~~

City: ST. JOSEPH, MO. (No. 50 E. VALLEY ST., St., Ward)

**2. FULL NAME** GEORGE STARMER

(a) Residence, No. 50 E. VALLEY ST. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| MALE | WHITE | MARRIED |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ELIZA STARMER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY. 9TH. 1870

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 65 | 10 | 25 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: REAL ESTATE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: STARMER LAND CO.

10. Date deceased last worked at this occupation (month and year): JAN. 1936

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BUCHANAN COUNTY MO.

FATHER

13. NAME: JAMES STARMER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BUCHANAN COUNTY MO.

MOTHER

15. MAIDEN NAME: DENAH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): BUCHANAN COUNTY, MO.

17. INFORMANT (ADDRESS): MRS. ELIZA STARMER, 50 E. VALLEY ST.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: MT. AUBURN DATE: APRIL 6, 1936

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC., 1946 CALHOUN

20. FILED: 4-5 1936 John R. Bender Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL 4TH. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1933, to April 4, 1936. I last saw him alive on April 4, 1936. Death is said to have occurred on the date stated above, at 2.15 P.m.

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

| | Date of onset |
|---|---|
| Myocardial Insufficiency | unknown |

Other contributory causes of importance:

| | |
|---|---|
| Hypertension | unknown |

Name of operation: None Date of:

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) Walter S. Law, M. D.

(Address) Kirkpatrick Bldg. St. Joseph, 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.