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.

JAN 20 1937

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

Do not use this space.

45373

1. PLACE OF DEATH
County Lewis — Registration District No. 477 — File No.
Township — Primary Registration District No. 4286 — Registered No. 68
City Canton (No. , St. Ward)

2. FULL NAME James W Starr
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

## 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~~ Bessie Lynn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 - 1870

7. AGE — YEARS: 66 — MONTHS: 1 — DAYS: 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) 12-22-36
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis Co Mo

FATHER
13. NAME Nehemiah D Starr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER
15. MAIDEN NAME Henrietta Hadley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tunney Ill

17. INFORMANT (ADDRESS) Mrs James Starr Canton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Canton DATE 12-30 1936

19. UNDERTAKER (ADDRESS) F S Kelly Canton Mo

20. FILED Dec 31 1936 [illegible] Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1936, to Dec. 28, 1936
I last saw him alive on Dec. 28, 1936. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset

Other contributory causes of importance: Arteriosclerosis

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) P. W. Jennings, M. D.
(Address) Canton Mo