

FEB 17 1937

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

Do not use this space.

1973

1. PLACE OF DEATH  
County Lacleade Registration District No. 449  
Township \_\_\_\_\_ Primary Registration District No. 4267  
City Lehannon (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Babey Lee Starnes  
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20 1937  
22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1937, to Jan 20 1937  
I last saw him alive on 20 Jan 1937 Death is said to have occurred on the date stated above, at 8 P m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1934  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 3 26

Date of onset

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

acute nephritis  
Cerebral Embolism

Other contributory causes of importance:

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

13. NAME Wm J Starnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lacleade Co Mo

15. MAIDEN NAME Rosie Bingham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lacleade Co

17. INFORMANT Mrs W J Starnes (ADDRESS) Brownfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Nicas DATE 1/21 1937

19. UNDERTAKER W E Holman (ADDRESS) Lehannon Mo

20. FILED 1-21-37 JAM Coub Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? !  
If so, specify \_\_\_\_\_  
(Signed) Dr. Roland E Gaston  
(Address) Brownfield, Mo

Reg. no. 4005

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of cause of death.

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

Do not use this space.

**1. PLACE OF DEATH**

County Laclede  
Township  
City Llanon (No. ....)

Registration District No. 449  
Primary Registration District No. 4269

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Bobby Lee Stormes  
(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-24-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 3 26

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 3/26, 1937 J. A. McCount Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows: acute nephritis Date of onset

Bronch. pneumonia  
Other contributory causes of importance:  
SB

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) Roland E. Gaston, M. D. (Address)

**SUPPLEMENTAL**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-1973