MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH
County Laclede — Registration District No. 449 — File No. 6937
Township Lebanon — Primary Registration District No. 4267 — Registered No.
City Lebanon (No. , St. Ward)

2. FULL NAME Peggy Joann 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

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1933
7. AGE YEARS 3 MONTHS 11 DAYS 29 If LESS than 1 day, hrs. or min.

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) Lebanon Mo

FATHER
13. NAME Homer Starnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon

MOTHER
15. MAIDEN NAME Florence Synder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo

17. INFORMANT (ADDRESS) Homer Starnes
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon DATE 2/18 1937
19. UNDERTAKER (ADDRESS) Palmer Lebanon mo.
20. FILED 2-17- 1937 J A McComb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17 1937
22. I HEREBY CERTIFY, That I attended deceased from Feby 7, 1937, to Feby 17, 1937.
I last saw her alive on 2/17, 1937. Death is said to have occurred on the date stated above, at 10:04 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Pneumonia	
Broncho "	

Other contributory causes of importance:
Flu

Name of operation none Date of
What test confirmed diagnosis? Physical 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) J. L. Benage, M. D.
(Address) Lebanon, 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.