

MAY 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County *Leode*Registration District No. *449*File No. *16762*

Township

Primary Registration District No. *4267*

Registered No.

City *Lebanon*

(No. _____)

St. _____

Ward _____

2. FULL NAME

Bessie Della 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)

Married

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

Harmon L Starnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 13 1898

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

*38**7**11*

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.

HWK

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)

Polasko Pa. And.

13. NAME

C. T. Postum

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

Pa.

15. MAIDEN NAME

Katy Mc Carey

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

Mo.

17. INFORMANT

(ADDRESS)

*Harmon L Starnes -
Brownell Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Int Lebanon

DATE

Apr 25 1937

19. UNDERTAKER

(ADDRESS)

*Palmer
Lebanon Mo.*

20. FILED

*H. M. 1937**J. A. M. Carey Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 24 1937*22. I HEREBY CERTIFY, That I attended deceased from *April 4 1937*, to *April 24 1937*I last saw him alive on *Apr. 24 1937*. Death is said to have occurred on the date stated above, at *8:30 A.M.*

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

Ulcerative Colitis

Date of onset

Cystic ovary adherent to basal ulcerative colitis resulting

Other contributory causes of importance:

*ulceration into large bowel (Descend Colon)*Name of operation *Cystic Ovary* Date of operation *3/24/37*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? *No*

If so, specify _____

(Signed) *J. A. M. Carey*(Address) *Lebanon Mo.*

M. D.

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.

RECORD

JUN 6 1956