

DEC 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township Jugate Creek Primary Registration District No. 5970
City R. F. N. Moberly (No. R. F. N. Moberly, Mo) St. _____ Ward _____

File No. 42264Registered No. 268

2. FULL NAME

Jacob E. Starks
(a) Residence, No. R. F. N. Moberly St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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 Hilda H. Starks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8-1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 9 19

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

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) 2 weeks 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co Ills13. NAME John Stark14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills.15. MAIDEN NAME Annie M. Bradley16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknapton17. INFORMANT (ADDRESS) John E. Starks (Son)18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Mo. 29 193719. UNDERTAKER (ADDRESS) Snow Funeral Home20. FILED Nov 27 1937 Ethel Glavin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 193722. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to Nov. 27, 1937I last saw him alive on Nov. 26, 1937. Death is said to have occurred on the date stated above, at 2:00 p.m.

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

Abscess of Prostate Date of onset Nov. 15, 1937

Other contributory causes of importance:

Pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? L Was there an autopsy? Yes

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. Maddox, M. D.(Address) Moberly 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.

WRITE PLAINLY WITH CAPITAL LETTERS IN A PLAIN HAND

