

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City

Registration District No. 395
Primary Registration District No. 1002
(No. 2456 W Bellefontaine)

File No. 1664
Registered No. 352
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2456 W Bellefontaine
(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

3. SEX m. 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 4 12

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

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) Franklin Tenn.

13. NAME Manus Starnes

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

15. MAIDEN NAME Jennie Hyde

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

17. INFORMANT (ADDRESS) Nora Starnes 2456 W Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem. DATE 1-22-1938

19. UNDERTAKER (ADDRESS) Starnes Bros 1729 Lydia

20. FILED Jan 23 1938 M. M. Browne

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18 1938

22. I HEREBY CERTIFY that I attended deceased from Jan 11 1938 to Jan 18 1938

I last saw him alive on Jan 18 1938 Death is said to have occurred on the date stated above, at 8:55 P.M.

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

Acute Myocarditis

Other contributory causes of importance:

Hepatitis Aemia

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?

If so, specify _____

(Signed) R. B. Bishop M.D., M. D.

(Address) Route 3, Hays City, Kans.

578 Kedge Bldg -

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.

RECEIVED

FEB 18 1937

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

11 2020

H. B. Burt