

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

Do not use this space.

REG'D MAR 17 1938

1. PLACE OF DEATH

39 County Keosauqua  
Township Boone  
City Ash Grove, Mo (No. 3)

Registration District No. 316

Primary Registration District No. 5436

File No. 6736

Registered No. \_\_\_\_\_

2. FULL NAME Josiah Richard Starkey - 362

(a) Residence, No. Ash Grove, R.R. St. Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 Rebecca P. Redfern

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-17-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
70 3 10

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)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

13. NAME Louise Starkey

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

15. MAIDEN NAME Sallie Mason

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

17. INFORMANT D. J. Starkey (ADDRESS) Ash Grove, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves - DATE Feb. 28, 1938

19. UNDERTAKER Boris General Service (ADDRESS) Ash Grove, Mo

20. FILED 2/25, 1938 Macdonald Jones Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Feb 27, 1938

I last saw him alive on Feb. 26, 1938. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

acute Hemorrhage of Bowel  
Hb  
Other contributory causes of importance: Carcinoma of Colon 1937

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? no

If so, specify \_\_\_\_\_ (Signed) Dr. Charles H. Owen M. D.

(Address) Ash Grove, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-1022-38 I X9314

