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.

REC'D APR 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County Osage
Township Benton
City ..... (No. ..... St. ..... Ward)

Registration District No. 639 5848
Primary Registration District No. ~~4389~~

File No. 11662
Registered No. .....

2. FULL NAME Carol Ann Shopia Starke 362
(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 Female
4. COLOR OR RACE White
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) 3-12 1938
7. AGE YEARS — MONTHS — DAYS 25 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) Chamois 0

FATHER
13. NAME Richard Starke 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamois 0

MOTHER
15. MAIDEN NAME Edith Starke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chamois

17. INFORMANT (ADDRESS) Richard Schollmeyer Starke Chamois Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Morrison Cem DATE 4-6 1938

19. UNDERTAKER (ADDRESS) Arnold Hummert Morrison Mo

20. FILED 4-5 1938 Esther Souder Registrar. 570

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-4- 1938, to 4-5- 1938
I last saw her alive on 4-4- 1938. Death is said to have occurred on the date stated above, at 1 am m.
The principal cause of death and related causes of importance were as follows:
Pneumonia (Lobar Rt Side) — Date of onset

Other contributory causes of importance: +08-

Name of operation ..... Date of .....
What test confirmed diagnosis? Cl & 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 Wm V. McNally
(Signed) ....., M. D.
(Address) Chamois Mo