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.

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

Do not use this space.

19871

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis - Mo. (No. 500 S. Kingshighway St. Louis Childrens Hospital Ward)

File No. 5010

Registered No. .....

2. FULL NAME Starkey, Enos

(a) Residence, No. 822 Condit St., NR Ward. Alton, Illinois
(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 m

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-8-25

7. AGE YEARS 13 MONTHS 7 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child.

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) Alton, Ill.

FATHER

13. NAME Enos L.

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

MOTHER

15. MAIDEN NAME Mary Cox.

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

17. INFORMANT (ADDRESS) M. E. Matthews. 500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cemetery Alton Ill. DATE May 31 1938

19. UNDERTAKER (ADDRESS) Roberts H. Sheeper Alton Ill.

20. FILED JUN 1 1938 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1938 to 5-28, 1938

I last saw him alive on 5-28, 1938. Death is said to have occurred on the date stated above, at 9 30 a.m.

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

Staphylococcus Septicemia — Date of onset 5/2/38

90

Other contributory causes of importance:

Pericarditis

multiple abscesses in right shoulder rt. knee and left leg, caused by staphylococcus infection

Name of operation ..... Date of .....

What test confirmed diagnosis? Bl. culture 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? .....

If so, specify .....

(Signed) Ralph N. Barlow, M. D.

(Address) 500 S. Kingshighway

5010

5010