REC'D JUL 15 1938

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

22070
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 3 Registration District No. 420
(b) Township Prairie Primary Registration District No. 5553B Registered No. 123
(c) City Little Blue Mo (d) Street No. Jackson Co Home St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SUSIE STARKEY
(a) Residence, No. 362 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unk.
7. AGE: YEARS abt 64 MONTHS DAYS If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. unemployed
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) Hermanville Mo

FATHER
13. NAME Phil Starkey 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. unk 9

MOTHER
15. MAIDEN NAME Francis Hall 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo unk

17. INFORMANT Louis Brinkley
(ADDRESS) 3322 Hardesty
18. BURIAL, CREMATION, OR REMOVAL K.C. Mo.
PLACE Blue Ridge Lawn DATE 6-15-38, 19
19. FUNERAL DIRECTOR Flynn & Greenstreet
(ADDRESS) K.C. Mo.
20. FILED June 15 38 William J. Fields Local Registrar.

## MEDICAL CERTIFICATE OF DEATH 10:30 a.m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1938, to June 10, 1938
I last saw h. alive on June 10, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic | |
| Parenchymatous | |
| Nephritis | |

Other contributory causes of importance:

| | |
|---|---|
| Uremia | 3 |

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam 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) L. W. Booker, M. D.
(Address) 2028 Vine St.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Edw H Evans

..... L. E.....

No. 3836 or by ....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**