

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

Do not use this space.

REC'D OCT 19 1938

31972

1. PLACE OF DEATH

County Clatsop
Township Jefferson
City (No. _____) _____

Registration District No. 192
Primary Registration District No. 5273

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Elias D. Starr

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie B. Walker

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15, 1862

7. AGE YEARS 76 MONTHS 8 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Corydon Iowa

13. NAME Geo. W. Starr

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

15. MAIDEN NAME Sarah R. Holliday

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

17. INFORMANT (ADDRESS) Archie Starr
Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Cem DATE Sept 20, 1938

19. UNDERTAKER (ADDRESS) Fred Tharle
Kahoka Mo.

20. FILED Oct 8 1938 J. W. McNeill
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY that I attended deceased from Sept 7, 1938 to Sept 18, 1938

I last saw _____ alive on Sept 10, 1938 Death is said to have occurred on the date stated above, at _____ P.M.

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

Chronic Nephritis Date of onset _____

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) J. W. McNeill M. D.

(Address) Kahoka Mo.

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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

District Health Officer No. 10

District File Number 10-38-249

Date Filed 10-16-38