

DEC'D DEC 15 1938

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

29330

Do not use this space.

## 1. PLACE OF DEATH

(a) County Haskell 2 Registration District No. 343  
 (b) Township Greenway 1 Primary Registration District No. 5-034 Registered No. \_\_\_\_\_  
 (c) City Mountain View (d) Street No. 1221 1/2 St. \_\_\_\_\_  
 (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

(a) Residence, No. 362 Joseph William Starkey St. \_\_\_\_\_  
Mountain View Mo. \_\_\_\_\_ (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 Male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
82 4 6.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired.  
 9. Industry or business in which work was done, as 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) Iowa

FATHER 13. NAME Sylvanus Starkey

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

MOTHER 15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Joe Starkey  
Mountain View

18. BURIAL, CREMATION, OR REMOVAL Interred DATE Sept 28 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. R. Brown

20. FILED 12-10 1938 J. W. King Local Registrar. 343 (Address) Mountain View Mo

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept - 27 - 1938, to Sept 28 - 1938

I last saw him alive on Sept - 27 - 1938. Death is said to have occurred on the date stated above at 11:00 a.m.

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

Coronary Artery  
Angina Pectoris  
Chf

Other contributory causes of importance: Age.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? 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 \_\_\_\_\_ (Signed) Retired! M. D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Was Not Embalmed*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*John J. Amman*

Licensed Embalmer No. *2576*

P. O. Address *W. W. W. W. W.*

**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.)**

**If this body is not embalmed, above space should be left blank.**