

1939 JUN 8 1939

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

Do not use this space.

1. PLACE OF DEATH

County Linn  
Township Starbuck  
City Starbuck (No. 314)

Registration District No. 314  
Primary Registration District No. 190

File No. 18589  
Registered No. 9 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 314 (Baby Sanford) 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1939  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

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) Starbuck Mo  
13. NAME George Sanford  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newtown Mo  
15. MAIDEN NAME Groves Newman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Starbuck Mo

17. INFORMANT (ADDRESS) Geo Sanford Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Starbuck Mo DATE 5/14/39

19. UNDERTAKER (ADDRESS) Starbuck Mo  
20. FILED 5/14/39 Registrar G. S. Barker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 23 May 1939  
22. I HEREBY CERTIFY, That I attended deceased from April 14 1939 to April 14 1939  
I last saw him Starbuck Mo 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Succession of mother  
child died in utero

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) G. S. Barker M. D.  
(Address) Starbuck Mo

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.

District Court of ...

District File Number 39-576

Date Filed JUN 5 1938

*Dr. Dave Beeklock*