

S. No. 2
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P. 5-17-39
P. I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28572

FILED AUG 18 1944
Registration District No. 290

Primary Registration District No. 5987

Registrar's No. 74

25000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Hancock Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Hancock
(If outside city or town limits, write "RURAL") /
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Perry Starling

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Jane Starling 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 10 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 8 19 hr. _____ min.

9. Birthplace Miller County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Moore Starling

13. Birthplace Miller County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Jones

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Morrow

(b) Address Hancock, Missouri

17. (a) Burial (b) Date thereof 7/31/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seaton

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon, Missouri

19. (a) Aug-9-1944 (b) Chas M. O'Neil
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 29
year 1944 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from June 1st 1944 to July 29 1944
that I last saw him alive on July 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Dilatation
Due to Regenerative Myo-
carditis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
939
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. J. Greder (M. D. or other) 7-24

Address Dixon Date signed _____

