				ti ye e waani ee ee ee ah	
1.P	LACE OF DEATH		STATE OF TENNES		
Countr		197	Bureau of Vital Statistics CERTIFICATE OF DEAT	T.C.	
•		Andrew Control of the	CERTIFICATE OF THE T		
Civil Dist. Registration District No.			at No.	File No. 3441	
	***************************************	•	on District No.	D : 1 N 2443	
OR		Limm's referen	4 - 04 - 7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Registered No. 3441	
1 .	•	,	to St. Joseph Staspt. War	(I) hospital or instit ation. give its NAME instead of	
2 F	FULL NAME MON	roe R. Stark		street and number.]	
PERS	ONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICAT	TH OF DEATH	
3 SEX	SEX 4 COLOR OR RACE 5 SINGLE,		16 DATE OF DEATH	16 DATE OF DEATH	
M	- W	WIDOWED,	Dec. 1,	[Day] [Year]	
B DATE OF BIRTH					
	: 1	19 ,885	11		
(Month) (Day) (Year)			I that I last saw h alive on		
7 AGE If LESS than 1 day,hrs.				and that death occurred, on the date stated above, at 12.20%	
2	9 yrs. 10 mos.		1.2 The CAUSE OF DRATH* was as fol	lows:	
B OCCUPA				The deceased came to his death by pistol	
(a) Trade, pro particular kind o			shot wound in chest sam	shot wound in chest same being fired by A. S. Atkinson this being murder.	
(b) General as business, or esta	ature of industry, blishment in (or employer)		A. S. Atkinson this bei	A. S. Atkinson this being markers	
9 BIRTHPI			[Duration]	yra. mos. de	
(State or country)			Contributory	Contributory	
10 NAME OF FATHER			[SECONDARY]		
FAIHER Wm. M. Stark			J. H. Dillon	J. H. Dillon yrs. mes, ds. Signed M. D.	
υ 11 BIF	THPLACE FATHER T		} [
Z State	[State or country] Tenn.		12-1-24 Address C	12-1-24 Coroner	
Z 12 MAIDEN NAME OF MOTHER Oliva Chapman			* State the DISEASE CAUSING DEATH, or, is state (1) MEANS OF INJURY; and (2) whe HOMICIDAL.	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, CE HOMICIDAL.	
13 BIR	THPLACE MOTHER 144	, .	18 LENGTH OF RESIDENCE [TRANSIENTS, OR RECENT RESIDENTS]	FOR HOSPITALS, INSTITUTIONS	
[State or country] #193.				At place of death yrs. mes. ds. State 37	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted, if not at place of death?	Where was disease contracted,	
_	Mrs. Alex S		Fermer or Cherokee Inn.		
· FA3	dress] 944 Walker	Ave.	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL	
15			Elmwood	-199 4	
Filed 12-20	128		20 UNDERTAKER	ADDRESS	
A 44	**************		J. T. Zinton & Son		