

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

Do not use this space.

8605

1. PLACE OF DEATH
County Jasper Registration District No. 411
Towship Joplin Primary Registration District No. 2007
City Joplin (Near St. John's Hospital) Registered No. 149
St. _____ Ward _____

2. FULL NAME Mayme M. Sharp
(a) Residence No. _____ St. _____
(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 Female 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 John P. Sharp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 18 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 | 2 | 8 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1927, to Feb 16 that I last saw her alive on Feb 15, 1927 and that death occurred, on the date stated above, at 59 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myo Carditis
93 D
90 B

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Illinois

10. NAME OF FATHER J. B. Perry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Laudera

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) John L. Sims, M. D.
3/16/27 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT (Address) John P. Sharp
Joplin Mo

15. FILED 3/16/27 Abenson Clark REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Plain Ill DATE OF BURIAL 3/19 27

20. UNDERTAKER Shurlock ADDRESS Joplin 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.

APR 26 1927

