

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

Do not use this space.

23980 a
~~21037~~

AUG 26 1927
 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.

1. PLACE OF DEATH

County Dallas
 Township W. Canton
 City Buffalo (No.)

Registration District No. 241
 Primary Registration District No. 4147

File No.
 Registered No. 253 St. Ward)

2. FULL NAME

Flora J Sharp

(a) Residence. No. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. W. Sharp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/2/1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 7 22

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

9. BIRTHPLACE (CITY OR TOWN) Buffalo Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Wm. Nigbrod

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

12. MAIDEN NAME OF MOTHER Jahman

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

14. INFORMANT H. W. Sharp
 (Address) Buffalo Mo.

15. FILED 8/20 1927 Harry Morris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/4 1927

17. I HEREBY CERTIFY, That I attended deceased from July the 1st, 1927, to Aug 4, 1927 (that I last saw h. alive on Aug 4, 1927, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paraphernalia
menstrual discomfort
 (Duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 146
 (Duration) yrs. mos. ds.

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

8. DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) B. F. Johnson, M. D.
 , 19 (Address) Buffalo Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Home DATE OF BURIAL 8/5 1927

20. UNDERTAKER Routh & Jones ADDRESS Buffalo Mo.

