JAN 21 1929

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

Do not use this space.

~~1793B~~ 3905-a

File No. 3905-a

Registered No. 3905-a

1. PLACE OF DEATH

County Udair

Township Walnut

City Gifford (No. ..... St. ..... Ward)

Registration District No. 1067

Primary Registration District No. 5007

2. FULL NAME Jerusha E. Sharr

(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 F

4. COLOR OR RACE w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 10 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	2	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Joseph Smith

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

12. MAIDEN NAME OF MOTHER Cintha Waddle

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

14. INFORMANT Chas Sharr
(Address) Yarrow

15. FILED Jan 2 1929 ~~Florence Patrick~~ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to Feb 17, 1928 that I last saw her alive on Feb 17, 1928 and that death occurred, on the date stated above, at 7 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

phenumonia

1098

101B

(duration) ..... yrs. ..... mos. 7 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr. W. H. Gooch, M.D.

, 19 (Address) Elmer, Missouri

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Carmel

DATE OF BURIAL Feb 18 1928

20. UNDERTAKER W. H. McCollum

ADDRESS South Gifford

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.