

SEP 24 1928

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

Do not use this space.

26335

1. PLACE OF DEATH

County Andrew
Township Hutton
City Mexico (No.) St. Ward

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 118 St. Ward

2. FULL NAME Mrs. Mattie Cable Sharp

(a) Residence. No. E. Jackson 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 2

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)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co., Mo.

10. NAME OF FATHER Jamnia West

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

12. MAIDEN NAME OF MOTHER Hutton

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

14. INFORMANT Harry Sharp (Address) Mexico Mo.

15. Aug 7th, 1928 Ira J. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 1928

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1928, to Aug 6, 1928.
That I last saw her alive on July 30, 1928, and that death occurred, on the date stated above, at 12:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intestinal Obstruction
11800 (duration) yrs. mos. da. 7

CONTRIBUTORY (SECONDARY) Inflammatory adhesion from gall bladder infection several (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH. yes DATE OF Aug 6th 1928

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Operation
(Signed) W. W. Boney, M. D.
, 19 (Address) Mexico 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mexico Mo. DATE OF BURIAL Aug 7 1928

20. UNDERTAKER McShelton Bros ADDRESS Mexico 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.

