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

Do not use this space.

17065

MAY 29 1929

1. PLACE OF DEATH
County Warren
Township Hickory Grove
City Wright City Mo (No. ..... St. ..... Ward)

Registration District No. 882
Primary Registration District No. 4535

File No. 8
Registered No. .....

2. FULL NAME Martha A. 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Wm C Sharp deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 6th 1844

7. AGE: Years 84. Months 11. Days 23. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Near Wright City Mo
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: Foster B Simpson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentuckeye
12. MAIDEN NAME OF MOTHER: Nancy Spriers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kentuckey

14. INFORMANT: Anna M. Sharp
(Address) Wright City Mo

15. FILED May 1st 1929 E. A. Thiesmeier M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 30th 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 6th, 1929, to Apr 30th, 1929, that I last saw her alive on Apr 26th, 1929, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Apoplexy
(duration) ..... yrs. ..... mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) N. S. Clarenbach, M.D.
5/2, 1929 (Address) Wright City 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: Wright City Cemetery
DATE OF BURIAL: May 2 1929

20. UNDERTAKER: C. G. Milling
ADDRESS: Wright City 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.