WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 24 1929

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

Do not use this space.

17317

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 615

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Orville Alden Sharp

(a) Residence. No. Near 12th. St. & Noyes Av. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. 3 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y. 21, 1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	18	3	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student,
(b) General nature of industry, business, or establishment in which employed (or employer) 2101
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Herbert L. Sharp,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Summer Co., (STATE OR COUNTRY) Kansas,
12. MAIDEN NAME OF MOTHER Mary V. Hendrickson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kansas,

14. INFORMANT Herbert L. Sharp (Address) R.F.D.# 5, St. Joseph, Mo.

15. FILED 12, 19 John G. Fitz REGISTRAR

MAY 1929

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed Body, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries received in Auto Collision at 32 & Fred Ave. St Joseph Mo. Fractured Scull and Right Leg Accidental (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? Examination

(Signed) B.W. Tadlock Coroner, M. D.
5/11, 1929 (Address) St Joseph 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: Turner Cemetery, Wallace, Mo.
DATE OF BURIAL: May 12th 1929

20. UNDERTAKER: Heaton-BeGale & Bowman
ADDRESS: 319 S. 10 St.

W. J. W. Harle Funeral Home