

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

Do not use this space.
19162

JUN 27 1929

1. PLACE OF DEATH

County Ripley
Towship Jordan
City Jordan

Registration District No. 750
Primary Registration District No. 598F

File No. 9
Registered No. 905
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

Delitha Jane Sharp

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. Spencer Sharp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-22-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 9 29

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) Ripley, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Dumps Odum

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

12. MAIDEN NAME OF MOTHER Delitha Emmons

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

14. INFORMANT My wife Jarvis
(Address) Wanda, Mo.

15. FILED 6/1, 1929 E. B. Johnston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-21-1929

17. I HEREBY CERTIFY That I attended deceased from Aug 22, 1929 to Sept 1, 1929 that I last saw him alive on Aug 22, 1929, and that death occurred, on the date stated above, at 3:20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

cardio-vascular
95B
102 (duration) 4 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Hypertension
(duration) 3 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? physical
(Signed) E. B. Johnston, M. D.

5-22, 1929 (Address) Smithman, 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 Odum Cem. DATE OF BURIAL 5/22 1929

20. UNDERTAKER Unknown ADDRESS Doniphan

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.

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

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2
2

