

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

Do not use this space.

12007

**1. PLACE OF DEATH**

County Cedar  
Township Eldorado Springs  
City Eldorado Springs

Registration District No. 163  
Primary Registration District No. 4095

File No. \_\_\_\_\_  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Melvin P 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-20-1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>1</u>	<u>15</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none  
(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) Mo

PARENTS	10. NAME OF FATHER <u>Perry Sharp</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans</u>
	12. MAIDEN NAME OF MOTHER <u>Mabel Albertine</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>

14. INFORMANT Perry Sharp  
(Address) Eldorado Springs Mo

15. FILED 4-6-1930 J. J. Lawson REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-5-1930

17. I HEREBY CERTIFY, That I attended deceased from April 4, 1930, to April 5, 1930, that I last saw him alive on April 5, 1930, and that death occurred, on the date stated above, at 8 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pneumonia  
7  
1090  
89A (duration) yrs. mos. 6 ds.  
CONTRIBUTORY Measles & double  
(SECONDARY)  
otitis media (duration) yrs. mos. 8 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) J. J. Lawson, M. D.  
4/6, 1930 (Address) Eldorado Springs 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 Christonville Cemetery DATE OF BURIAL 4/6 1930

20. UNDERTAKER Curim-Siders, Eldorado Springs Mo ADDRESS \_\_\_\_\_

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.

