

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.

SEP 24 1930

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

Do not use this space.

26163

1. PLACE OF DEATH

County Charleston
Township Tuplet
City (No. _____) _____

Registration District No. 177
Primary Registration District No. 5245

File No. _____
Registered No. 33
St. _____ Ward _____

2. FULL NAME

Willard 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 2 - 28</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>1</u>	<u>29</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work _____				
(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) Missouri

PARENTS

10. NAME OF FATHER	<u>Home Sharp</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	<u>Missouri</u>
(STATE OR COUNTRY)	
12. MAIDEN NAME OF MOTHER	<u>Dora Powers</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	<u>Missouri</u>
(STATE OR COUNTRY)	

14. INFORMANT Otto Sharp
(Address) Tuplet Mo

15. FILED 9/2 1930 R.P. Pur REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1930
17. I HEREBY CERTIFY, That I attended deceased from Aug 21 1930 to Aug 31 1930 that I last saw him alive on Aug 31 1930, and that death occurred, on the date stated above, at 6:28 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Dysentery and Enteritis
1905 / 1145
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) R.P. Pur M. D.
. 19 (Address) Tuplet 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 Stephen DATE OF BURIAL 9/1 1930

20. UNDERTAKER _____ ADDRESS _____

