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

Do not use this space.

27014-1

27014-A

1. PLACE OF DEATH

County Jackson — Registration District No. 401 — File No.

Township Vanburn — Primary Registration District No. 5556 — Registered No.

City Lone Jack (No. ..... St. ..... Ward)

2. FULL NAME Samuel C Share

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	w	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-24 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	5	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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 Richard Share

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

12. MAIDEN NAME OF MOTHER Gilbreldo Parrent

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

14. INFORMANT Mrs Carl Share
(Address) Lone Jack

15. FILED Aug 17 1930 Mrs Carl Harp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-14-1930

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to Aug 14, 1930 that I last saw him alive on Aug 14, 1930 and that death occurred, on the date stated above, at 8:15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy · 8 [illegible]

(duration) 12 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) 15 yrs. ..... mos. ..... ds.

74

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

(Signed) J Rappaport, M. D.
, 19 (Address) Lee Summit 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	DATE OF BURIAL
Pleasant Hill	Aug 16 1930
20. UNDERTAKER	ADDRESS
W W Hon	Pleasant Hill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.