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.

JUN 24 1931

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

Do not use this space.

17445

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No.
Township Fishing river — Primary Registration District No. 3011 — Registered No. 68
City Excelsior Springs (No. ..... St. ..... Ward)

2. FULL NAME Celia Agnes Sharp.
(a) Residence, No. Hight St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29. 1893

7. AGE: YEARS 37 — MONTHS 9 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

FATHER
13. NAME George D Gaines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co Mo

MOTHER
15. MAIDEN NAME Ida A. Currell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass Co Mo

17. INFORMANT (ADDRESS) Geo D Gaines Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shady Grove DATE May 16 1931

19. UNDERTAKER (ADDRESS) Herbert Hopes Excelsior Springs, Mo.

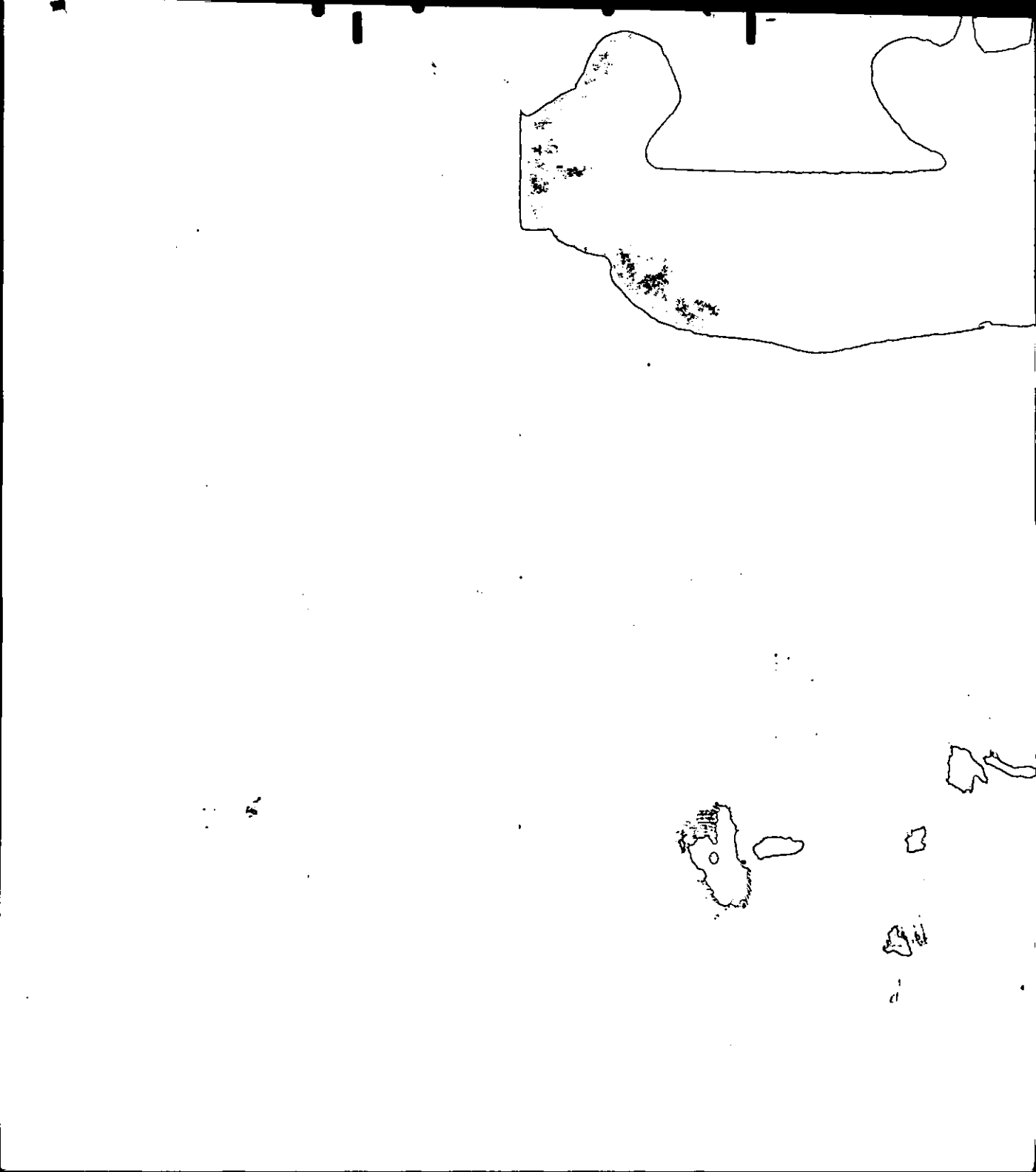
20. FILED May 19 1931 Y. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15 1931

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1931, to 5-15 31, 19..
I last saw h..... alive on 5-15 1931. Death is said to have occurred on the date stated above, at 4 am
The principal cause of death and related causes of importance were as follows:
Pneumonia (Lobar) — Date of onset
108 108
Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury J. E. Bond MD
Nature of injury Ex Spgs. Mo.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Y. D. Craven, M. D.
(Address) Excelsior Springs Mo