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

Do not use this space.

31874

File No. .....

Registered No. 241

1. PLACE OF DEATH

County: Marion — Registration District No. 527

Township: Mason — Primary Registration District No. ~~1938~~

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Henry Sharkey

(a) Residence, No. R.F.D. #2 (Usual place of abode) Hannibal Mo. Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 87 yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? 67 yrs. 7 mos. 28 ds.

OCT 24 1931

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 9-1844

7. AGE: Years 87 — Months 7 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer

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): Sept. 4-1931

11. Total time (years) spent in this occupation: 67 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER

13. NAME: Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): George W. Sharkey R.F.D. #2 Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Palmyra Cemetery DATE: Sept. 9-1931

19. UNDERTAKER (ADDRESS): Schwartz Funeral Home Hannibal Mo.

20. FILED: Sept 8, 1931 C. C. Cousins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6-, 1931, to Sept. 6-, 1931

I last saw him alive on Sept. 6, 1931. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset Sept. 4

IOTA

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 .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) G. A. Roseller, M. D.

(Address) Hannibal Mo