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.

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

Do not use this space.

34451

1. PLACE OF DEATH
County Jackson — Registration District No. 393 — File No. 4166
Township Kaw — Primary Registration District No. 300 — Registered No.
City Kansas City (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Elmer R. Sharon
(a) Residence, No. 2635 East 60th 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Effie O. Sharon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28 1878

7. AGE: YEARS 53 — MONTHS 5 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk - Post
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office
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) Ohio

FATHER
13. NAME John Sharon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Effie O. Sharon
(ADDRESS) 2635 East 60th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Oct. 14, 1931

19. UNDERTAKER D. N. Newcomer's Sons
(ADDRESS) 2111 East 9th St.

20. FILED 10-13, 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 11, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1931, to Oct 11, 1931
I last saw him alive on Oct 11, 1931. Death is said to have occurred on the date stated above, at 6:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia, Acute - Terminal - 107A 130 107A	
Other contributory causes of importance: Nephritis, Acute, hemorrhagic	5 days

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

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) Glen H. Broyles, M. D.
(Address) 1232 Professional Bldg.

1232 Professional Bldg.
11-1 ; 2-5