

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

Do not use this space.

40846

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City (No. Belleclaire Hotel 4016 Armour Registered No. _____ Ward) _____

2. FULL NAME Icy Humes Sharp

(a) Residence, No. Belleclaire Hotel St. 6 Ward. _____
 (Usual place of abode) 401 - E - Armour (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. W. Sharp</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 28 1880</u>				
7. AGE	YEARS <u>42</u>	MONTHS <u>5</u>	DAYS <u>3</u>	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u> <u>59</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>75B</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>11 1/2</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>				
FATHER	13. NAME <u>M. J. Hume</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Clara Henshaw</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT <u>M. J. Hume</u> (ADDRESS) <u>Frankville, Ind</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>C. West 7th</u> DATE <u>12 4 1931</u>				
19. UNDERTAKER <u>Shier & McPherson</u> (ADDRESS) <u>3535 Willow Plaza</u>				
20. FILED <u>7/2</u> 19 <u>37M. M. Carbone</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1931 to Jan 12 1931

I last saw h. m. alive on Dec 12 1931 Death is said to have occurred on the date stated above, at 7:00 p. m.

The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus Date of onset _____
Pneumonia

Other contributory causes of importance:
as above

Name of operation no Date of _____
 What test confirmed diagnosis? Cym. p. m. 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? _____
 If so, specify _____

(Signed) B. S. Hart _____, M. D.
 (Address) 636 Encyclopedic Road

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.

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