

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.

MAR 4 1932

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

Do not use this space.

9335

1. PLACE OF DEATH

69 County Monroe  
Township Southfork  
City Osceola (No. Sharp)

Registration District No. 586  
Primary Registration District No. 6784

File No. 2  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Osceola Sharp

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 12 5 89 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Feb 5 1919  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5 1919  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12 5 29  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Daughter  
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 95

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-5-1932  
22. I HEREBY CERTIFY, That I attended deceased from 3-4, 1932, to 3-5, 1932  
I last saw her alive on 3-5, 1932 Death is said to have occurred on the date stated above, at 12:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
History of influenza  
Acute Diphtheria of throat  
Date of onset 2-29-32  
Other contributory causes of importance:  
A very weak American child.  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no  
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) W. H. Reynolds, D.O., M.D.  
(Address) Santa Fe, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Mo  
13. NAME Jacob Sharp  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
15. MAIDEN NAME Osie Brown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
17. INFORMANT Jacob Sharp  
(ADDRESS) Santa Fe Mo  
18. BURIAL, CREMATION OR REMOVAL PLACE Santa Fe DATE March 6 1932  
19. UNDERTAKER Smith & Hanger  
(ADDRESS) Santa Fe Mo  
20. FILED March 19 32 Effie Drake Registrar

