

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

Do not use this space.

15959

1. PLACE OF DEATH

County Holt Registration District No. 349
 Township _____ Primary Registration District No. 11210
 City Aug Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED: WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Etta Sharp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3, 1853</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>7</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer (Retired)</u>		
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) <u>New Craig, Miss. 1</u>		
13. NAME <u>William Adam Sharp</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky 2</u>		
15. MAIDEN NAME <u>Caroline Elliott</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davis Knott 31</u>		
17. INFORMANT (ADDRESS) <u>W. A. Sharp, Aug Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S.O.F. Cemetery</u> DATE <u>May 3, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>C. W. Davis, Craig Mo.</u>		
20. FILED <u>May 3 - 1932</u> <u>C. W. Davis</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 1 - 1932

22. I HEREBY CERTIFY: That I attended deceased from April - 9 - 1932 to May - 1 - 1932.
 I last saw him alive on May - 1 - 1932. Death is said to have occurred on the date stated above, at 5:25 P.M.
 The principal cause of death and related causes of importance were as follows:
Influenza
Lobar Pneumonia
 Date of onset April 7-32

Other contributory causes of importance:
Lobar Pneumonia (1)

9. Name of operation _____ Date of _____
 What test confirmed diagnosis? Urine! 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? No
 If so, specify _____
 (Signed) C. W. Davis, M. D.
 (Address) Craig Mo.

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.

MAY 22 1932

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

