

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

Do not use this space.

16665

1. PLACE OF DEATH

County Lewis Registration District No. 455
 Township Salem Primary Registration District No. 0075
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mollie Sharp
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H. Sharp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan'y 16-1868</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>1</u>
	DAY <u>23</u>	IF LESS than 1 day, hrs. or min. <u>2:35</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation <u>2:35</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeper</u>	
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>Lewis Co Mo</u>		
FATHER	13. NAME <u>Frank Lumley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Nora Anna Lusk</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>John H. Sharp Ladelle Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hickory Cemetery</u> DATE <u>5-18</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>James T. Coe Ladelle Mo</u>		
20. FILED <u>July 11</u> 19 <u>32</u> <u>Alvin T. Neal</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1 1931, to May 9 1932.
 I last saw him alive on May 8 1932. Death is said to have occurred on the date stated above, at 2 P. m.
 The principal cause of death and related causes of importance were as follows:
Ascites, general;
portal hypertension;
cardiac hypertrophy
 Date of onset _____

Other contributory causes of importance: Probable myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical 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? Yes
 If so, specify Shill birth defect physical nature
 (Signed) R. D. Schreffel M. D.
 (Address) Lewisville 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.

JUL 25 1932

