

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

Do not use this space.

260

1. PLACE OF DEATH

County Burlington
Township St. Joseph
City St. Joseph (No. County Jail)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

(a) Residency No. 1604 Bartlett 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wid

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11 - 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 10 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Red Cap Union Dept
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) Oreg. Mo.

FATHER 13. NAME Tom Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

MOTHER 15. MAIDEN NAME Mattie Pryor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fall City Neb

17. INFORMANT Henry Sharp (ADDRESS) 1418 Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oregon Mo DATE Jan 6th 1933

19. UNDERTAKER Bessie Jimial Dances (ADDRESS) St. Joseph Mo

20. FILED JAN 6 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3rd 1933

22. I HEREBY CERTIFY That I visited attended deceased from Jan 3, 1933, to _____, 19____. (Last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9:30 a.m. The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Date of onset _____
Other contributory causes of importance: no facts

Name of operation none Date of _____
What test confirmed diagnosis? Ch. Hist 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) Tommy Jones (Coroner) M.D.
(Address) St. Joseph 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.

