

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

Do not use this space.

MAY 25 1934

13373

1. PLACE OF DEATH

County Johnson Registration District No. 431
 Township Primary Registration District No. 3023
 City Warrensburg (No.) St. Ward (.....)

2. FULL NAME

Henry C. Sharp
 (a) Residence, No. 702 College 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>Henrietta Sharp</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 - 1857</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>1</u>	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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>Tenn</u>				
FATHER	13. NAME <u>William Sharp</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Snoderly</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>			
17. INFORMANT <u>Mrs. Harriet Sharp</u> (ADDRESS) <u>W across busg, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>May 1 - 1934</u>				
19. UNDERTAKER <u>Widow Funeral Service</u> (ADDRESS)				
20. FILED <u>Apr 30, 1934</u> <u>Erna Rentry</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1924, to April 29, 1934, 1934.
 last saw him alive on April 29, 1934, 1934. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Mitral insufficiency
Chronic endocarditis
 Date of onset

Other contributory causes of importance:
Chronic endocarditis

Name of operation Date of
 What test confirmed diagnosis? 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) Dr. Hall M. D.
 (Address) Warrensburg, Mo.

