

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

Do not use this space.

1. PLACE OF DEATH

County Johnson
Township _____
City Warrensburg (No. _____)

Registration District No. 431
Primary Registration District No. 3023

File No. 25197
Registered 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sam Sharp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 27 - 1852</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>6</u>
	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</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>Harrison Co. Ohio</u>		
FATHER	13. NAME <u>Chas Sargent</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison Co. Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Chas Sharp - Warrensburg, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset Hill</u> DATE <u>July 13, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Sweeney Phillips Warrensburg, Mo.</u>		
20. FILED <u>July 13, 1934</u> Registrar <u>Carroll Hentley</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 11 - 1934

22. I HEREBY CERTIFY That I attended deceased from 7-3-, 1934, to 7-11-, 1934. I last saw her alive on 7-11-, 1934. Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

<u>Auricular Fibrillation</u>	Date of onset <u>7-1-34</u>
<u>Myocarditis</u>	
<u>Hypostatic pneumonia</u>	<u>7-8-34</u>
<u>93D</u>	
<u>107A</u>	
<u>27</u>	
Other contributory causes of importance: <u>Hypertension</u> <u>Arteriosclerosis</u>	

Name of operation none Date of _____

What test confirmed diagnosis? Phys. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 _____

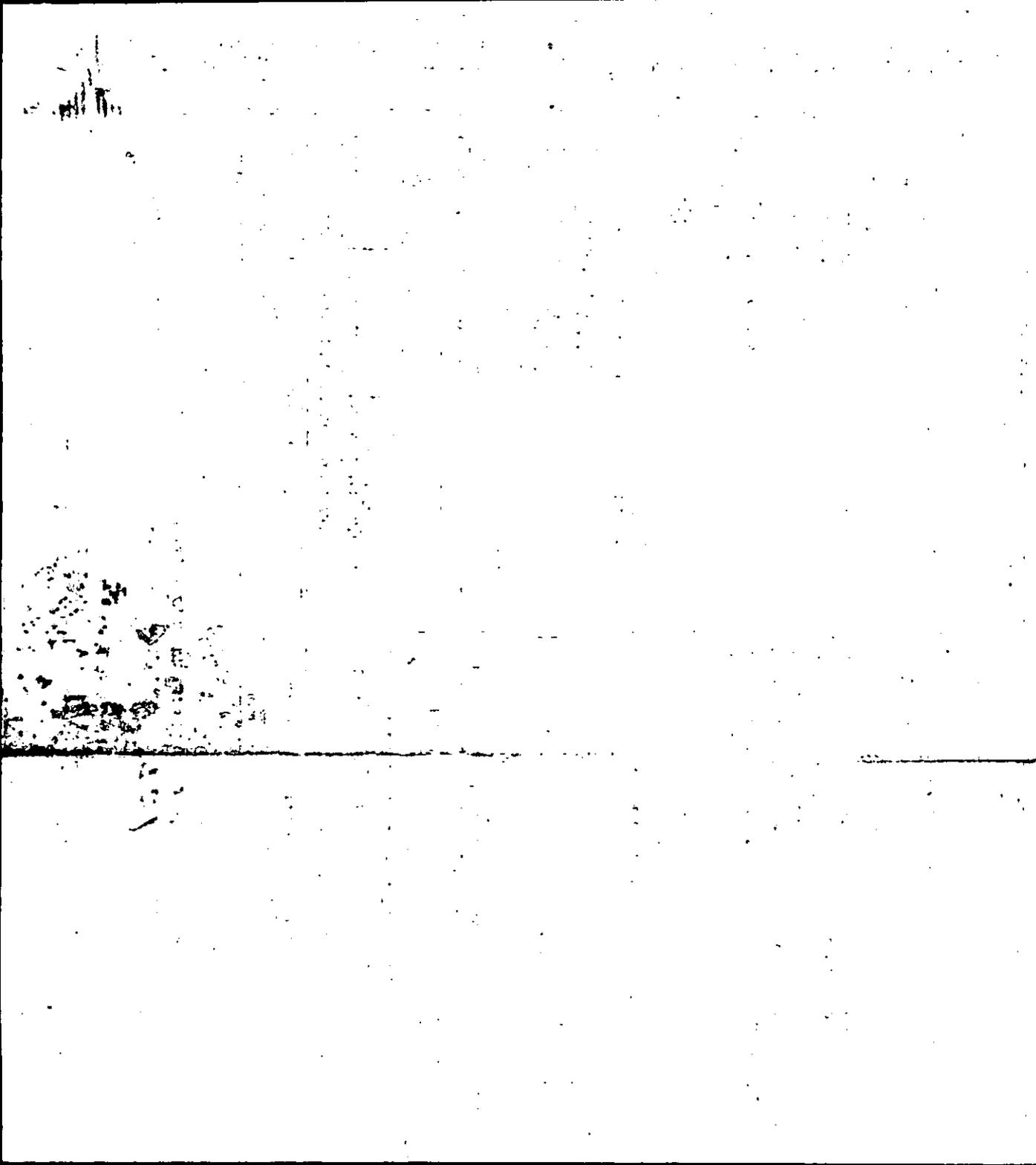
(Signed) P. F. McKimney, M. D.
(Address) Warrensburg, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 3 1934

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Johnson
Harrensburg

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Elizabeth Albina Sharp
Who died at _____ on July 11, 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years 81 Months 6 Days 14
Sex F Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month July Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Arteriosclerosis, fibrillation, Myocarditis, Hypertension, pneumonia

This was a Bronchial Pneumonia.

Other contributory causes of importance Hypertension, Pulm. Cavellous

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Eva Gentry Date filed Sept. 12, 1934

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 431

Very truly yours,

Primary Reg. Dist. No. 3023

M. Kinney

E. T. McGaugh
M.D.

Special Agent.

S-25197