

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.

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

Do not use this space.

NOV 15 1934

36799

1. PLACE OF DEATH

73 County Leavenworth Registration District No. 609
Township..... Primary Registration District No. 4363
City Neosho (No.) St. Ward) (If nonresident, give city or town and State)

2. FULL NAME

More Sharpool

(a) Residence, No. St. Ward. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Valentine Sharpool

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 16 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 1

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. Farmer
10. Data 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) Missouri

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) John Sharpool Neosho Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem DATE Oct 3 1934

19. UNDERTAKER (ADDRESS) Bejamin's Neosho Mo

20. FILED Oct 1 1934 Dr. E. M. Roseberry Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 1 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to Oct 1 1934
I last saw him alive on Sept 27 1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Chronic Nephritis Date of onset 1927
131
9201

Other contributory causes of importance:

Valvular insufficiency stand 2 yrs

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) E. M. Roseberry M. D.
Neosho Missouri

