

MAY 27 1935

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

Do not use this space.

12648

1. PLACE OF DEATH

County HoltRegistration District No. 372Township BartonPrimary Registration District No. 5518

City (No.) St. Ward (No.) 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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Lizzie Sharffer.

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

March 22 - 1949

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8613

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer.

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)

Burks Co Penn

13. NAME

John Sharffer

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

Penn

15. MAIDEN NAME

Nora Smith.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Penn.

17. INFORMANT (ADDRESS)

Dave Sharffer
Mound City Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE South BethelDATE 4/2835

19. UNDERTAKER (ADDRESS)

McCoyland
Mound City Mo.

20. FILED

April 28 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 193522. I HEREBY CERTIFY, That I attended deceased from April 20 1935, to April 25 1935I last saw him alive on April 25 1935 Death is saidto have occurred on the date stated above, at 5 P. m.

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

Bronchitis pneumonia Date of onset April 20Other contributory causes of importance: not T.B. 1070

Name of operation..... Date of.....

What test confirmed diagnosis clinical 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? I.O.

If so, specify.....

(Signed) F. C. Hejny, M. D.(Address) Mound City 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.

