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

Do not use this space.

File No. 15332

Registered No.

JUN 5 1935

1. PLACE OF DEATH
County: Sullivan — Registration District No. 851
Township: Taylor — Primary Registration District No. 6119
City: ~~Humphreys~~ (No. ..... St. ..... Ward)

2. FULL NAME: James L Sharp
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs J L Sharp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: John W Sharp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): —
12. MAIDEN NAME OF MOTHER: Martha J Hennings
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs Ray Sharp
(Address): Humphreys Mo

15. FILED April 27th 1935 Cordelia Shores REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 25 1935

17. I HEREBY CERTIFY, That I attended deceased from 4-17 1935, to 4-25 1935, that I last saw h. alive on 4-24 1935, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
(duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) Bright's disease & Mitral regurgitation (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W C Weston, M. D.
4-25 1935 (Address) Galt, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Humphreys Mo R.F.D. Mt Zion — DATE OF BURIAL: April 26 1935

20. UNDERTAKER: P K Payne & Son — ADDRESS: Galt Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.