

NOV 26 1935

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

Do not use this space.

**1. PLACE OF DEATH**

County Platte Registration District No. 696 File No. 33660  
 Township Fair Primary Registration District No. 5925 Registered No. 73  
 City (No. ) St. Ward

**2. FULL NAME** Cora A. Sharp

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 Female 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 William M. Sharp  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8th. 1867  
 7. AGE : YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 9 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper  
 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) Carden Point  
 (STATE OR COUNTRY) Missouri

13. NAME Richard Eywaters

14. BIRTHPLACE (CITY OR TOWN) Platte Co.  
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elizabeth Harrington

16. BIRTHPLACE (CITY OR TOWN) Platte Co.  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Cora Bennett  
 (ADDRESS) Carden Point, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Carden Point MO DATE Oct. 2nd. 1935

19. UNDERTAKER Benjamin Davist  
 (ADDRESS) Dearborn, Missouri

20. FILED Oct 6. 1935 Mrs. Francis E. Murray  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1-1935 .19  
 22. I HEREBY CERTIFY, That I attended deceased from January 1937 to Dec. 1935  
 I last saw her alive on Sept. 30, 1935 Death is said to have occurred on the date stated above, at 10.5. A.M.  
 The principal cause of death and related causes of importance were as follows:

Cancer of Left Breast Date of onset about 1930

Other contributory causes of importance:

Name of operation Spinal Date of Spinal  
 What test confirmed diagnosis? Spinal Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury No, 19  
 Where did injury occur? No  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No  
 Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify No

(Signed) S. L. Decker M. D.  
Dearborn 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.

