

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.

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

Do not use this space.

MAY 28 1936

18259

1. PLACE OF DEATH

County Sullivan

Registration District No. 853

Township

Primary Registration District No. 4514

City Milan (No.)

St. Ward)

2. FULL NAME Hester 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 30 1896</u>			
7. AGE	YEARS <u>39</u>	MONTHS <u>10</u>	DAYS <u>19</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>none</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>mo.</u>			
FATHER	13. NAME <u>James L Sharp</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
MOTHER	15. MAIDEN NAME <u>Elizabeth J Waverport</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>		
17. INFORMANT <u>Ray Sharp</u>			
(ADDRESS) <u>Idempoye Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <u>Mt Zion</u>		DATE <u>April 19 1936</u>	
19. UNDERTAKER <u>PK Paymerson</u>			
(ADDRESS) <u>Salt Mo</u>			
20. FILED <u>April 20 1936</u> <u>C Leo Hagan</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1936

22. I HEREBY CERTIFY, that I attended deceased from April 11 1936 to April 18 1936
I last saw her alive on April 16 1936. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:
Schd's probably from potential infection
Date of onset April 6

Other contributory causes of importance
11502

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify.....
(Signed) J. S. Montgomery, M. D.
(Address) Micha Mo

