

JAN 19 1937

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

Do not use this space.

44709

1. PLACE OF DEATH

County JACKSON  
Township AAW  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 105 North Gladstone)

File No. \_\_\_\_\_  
Registered No. 5288  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Lester F. Sharp

(a) Residence, No. 105 North Gladstone St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1936 to Dec 5, 1936

I last saw h. alive on Dec 9, 1936 Death is said to have occurred on the date stated above, at P. 10:30

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1895

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 8 29

Metastatic carcinoma of brain. Date of onset \_\_\_\_\_

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

Other contributory causes of importance:  
Primary carcinoma of bladder.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Wm. Sharp

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

15. MAIDEN NAME Almira Geiser

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

17. INFORMANT (ADDRESS) Mrs. Irene Sharp (Wife)  
105 North Gladstone, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE Nov. 8, 1936  
Mt. Washington Cem.

19. UNDERTAKER (ADDRESS) Stine & McClure  
3235 Gillham Plaza

20. FILED Dec 7 36 M. M. Brown  
Registrar.

Name of operation Radical prostatectomy Date of operation May 10 36  
What test confirmed diagnosis? Biopsy 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) M. M. Brown M. D.  
(Address) 1400 Broadway

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

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