JAN 19 1937

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

Do not use this space.

44855

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Kaw — Primary Registration District No. — Registered No. 5135
City Kansas City (No. 3273 Oak St. Ward)

2. FULL NAME William Sharp
(a) Residence, No. 3273 Oak 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 5, 1852

7. AGE: YEARS 84 — MONTHS 11 — DAYS 10 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Scotland

FATHER
13. NAME: John Sharp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Helen Donald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Mrs. Elsie Sharp, 3273 Oak St., Kansas City, Mo.

18. BURIAL, ~~CREMATION OR REMOVAL~~ Elmwood Cemetery
PLACE Kansas City, Mo. DATE Dec. 17, 1936

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

20. FILED 12-16, 1936 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1936, to Dec 15, 1936
I last saw him alive on Dec 14, 1936. Death is said to have occurred on the date stated above, at 5:35P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~acute~~ Cardiac Failure	1 da.

93c

Other contributory causes of importance:
Chronic
Hypertensive Myocarditis — 1 yr.
Myocardial Degeneration —

Name of operation: Clinical Findings — 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? No
If so, specify
(Signed) F C Lawar, M. D.
(Address) Kansas City Mo
624 Prog Bldg

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.

Dr. [illegible]

Proff Bldg