

WRITE PLAINLY, WITH UNFADING INK—THIS IS A REQUIREMENT

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.

45264

JAN 9 1937

1. PLACE OF DEATH

County Johnson Registration District No. 427
Township Madison Primary Registration District No. 4253
City Holden (No. _____) St. _____ Ward _____

File No. _____

Registered No. 52

2. FULL NAME

(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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Dec 9, 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Sharrock

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1936, to Dec 9, 1936

I last saw him alive on Dec 8, 1936. Death is said to have occurred on the date stated above, at 3:20 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 22 - 1856

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

7. AGE YEARS 80 MONTHS 4 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

Lobar Pneumonia Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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: 108

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

Name of operation _____ Date of _____

13. NAME Linley Sharrock

What test confirmed diagnosis? _____ Was there an autopsy? no

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

15. MAIDEN NAME Hannah Mucklow

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

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

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT J. H. Sharrock

18. BURIAL, CREMATION, OR REMOVAL Holden Cemetery DATE Dec 11, 1936

19. UNDERTAKER W. S. Grodman

20. FILED Dec 11, 1936 Mrs. B. Wilford Registrar

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) R. L. Gill, M. D.

(Address) Holden Mo

