

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.

MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph, (No. Missouri Methodist Hospital)

Registration District No. 85  
Primary Registration District No. 1001

File No. 15748  
Registered No. 452  
Ward

2. FULL NAME

Robert Lee Sharp

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Wathena, Kansas  
(Usual place of abode)  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 10ds. 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 Anna Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1915

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
21 7 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Mar., 1937  
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy, Kansas

13. NAME Scott Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville, Tenn.

15. MAIDEN NAME Caroline Risner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pineville, Ky.

17. INFORMANT Mrs. Anna Sharp  
(ADDRESS) Wathena, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Wathena, Kansas DATE Apr. 14, 1937

19. UNDERTAKER (ADDRESS) Walter Meierhoffer, 1302 Faraon St., St. Joseph, Mo.

20. FILED 4-13-37 H. H. Hestebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2-37, 19, to 4-12-1937

I last saw him alive on 4-12-1937. Death is said to have occurred on the date stated above, at 9.15 m. A.M.

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

Apnea Pneumonia, later

Date of onset 4-7-37

Other contributory causes of importance: Apnea, acute - operation for

Name of operation Apneaectomy Date of 4-3-37  
What test confirmed diagnosis? Clinical 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) Paul Jorgensen, M. D.  
(Address) Tootle Bldg., St. Joseph, Mo.

