

Dr. Taylor

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway
Township Summit
City (No. _____) _____

Registration District No. 109Primary Registration District No. 5-75-2AFile No. 30298Registered No. 624

St. _____ Ward _____

2. FULL NAME James R. Tharp

(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 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 Emma E. Tharp6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-12-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. 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) Callaway County, Mo.13. NAME Abner Tharp14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County, Mo.15. MAIDEN NAME Mary Griffin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County, Mo.17. INFORMANT Mrs. James R. Tharp
(ADDRESS) Holt Summit, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Hart Hill Cem DATE Aug-13- 193719. UNDERTAKER (ADDRESS) W. H. G. Geron20. FILED 8/17/10/37 Missouri Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 193722. I HEREBY CERTIFY, That I attended deceased from March 1937 to Aug 11 1937I last saw him alive on Aug 11 1937 Death is saidto have occurred on the date stated above, at 9:10 a.m.

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

Carcinoma of stomach Date of onset _____Other contributory causes of importance: noName of operation none Date of _____What test confirmed diagnosis? Autopsy 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) Ray A Taylor M. D.(Address) Jefferson City, Mo.

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.

STATEMENT RECORD

