NOV 18 1937

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

Do not use this space.

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36636

1. PLACE OF DEATH

County Jackson — Registration District No. 395 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4065

City Kansas City (No. 3020 Forest St. Ward)

2. FULL NAME Elmer E. Sharp

(a) Residence, No. 3020 Forest St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 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) Mrs. Elsie Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 19, 1874

7. AGE: 09 — YEARS: 63 — MONTHS: 5 — DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Attorney
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) Centerville Mich.

FATHER

13. NAME Alexander Sharp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER

15. MAIDEN NAME Mary Aigler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. Elsie Sharp

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Oct. 11, 1937

19. UNDERTAKER (ADDRESS) Freeman Mortuary & Chapel Kansas City

20. FILED Oct 10 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Oct 8, 1937. I last saw him alive on Oct 8, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Carcinoma of Colon — Date of onset 1935

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Other contributory causes of importance: none

Name of operation Excision Colostomy Radiation 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) J. C. Chaney Ind, M. D.
(Address) 1124 Prof. 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.

J. A. Chambers
3624 Holmes