

NOV 15 1937

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

Do not use this space.

37152

1128

1. PLACE OF DEATH

County Richmond Registration District No. 35
Township Washington Primary Registration District No. 1001
City St. Joseph (No. 1) MO. METHO. HOSPITAL St. Ward

File No. 37152
Registered No. 1128

2. FULL NAME Claude Sharp

(a) Residence, No. St. Ward Sheldon Mo.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>51</u>	<u>11</u>	<u>22</u>	

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

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) Oct 9, 1937 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bedford, Iowa

FATHER

13. NAME William G. Sharp

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

MOTHER

15. MAIDEN NAME Mrs. C. Melson

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

17. INFORMANT (ADDRESS) Beard Sharp, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon, Mo. DATE 10/12/37

19. UNDERTAKER (ADDRESS) Wm. C. Dumble, St. Joseph, Mo.

20. FILED Oct 12, 1937 H. J. Nestlebeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 10-10-1937 to 10-12-1937. I last saw him alive on 10-12-1937. Death is said to have occurred on the date stated above, at 3:45 P.M.. The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 10-10-37
fracture of hip "
Shock "
Auto accident "

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Clinical & X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? acc Date of injury 10-10-1937
Where did injury occur? Worth County, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Highway

Manner of injury Auto accident

Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Paul Gorgovar, M. D.
(Address) St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important!

2107m

434

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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37152
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1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township Primary Registration District No. 1021 Registered No. 1128
(c) City St. Joseph (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Claud Sharp St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 11 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10/12 19 37 A. Wetzel Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12, 1937

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Cerebral Hemorrhage
Edema
fracture of leg
Shock

Date of onset

Other contributory causes of importance:

Auto accident

Name of operation 210M Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify..... (Signed) Paul Ferguson, M. D.

(Address) St. Joseph Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. Exact statement of Occurrence is very important.

S-37152