NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois — Registration District No. 773 — File No. 38671

Township — Primary Registration District No. 4464 — Registered No. 177

City Farmington (No. ..... St. ..... Ward)

2. FULL NAME Anna Ella Sharp

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

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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 31, 1937

7. AGE: Years 0 — Months 0 — Days 0 — If LESS than 1 day, 4 hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo

FATHER

13. NAME: Chas H. Sharp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway Co. Mo.

MOTHER

15. MAIDEN NAME: Anna L. Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Albany Mo.

17. INFORMANT (ADDRESS): Chas H. Sharp, Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic DATE 11/1 1937

19. UNDERTAKER (ADDRESS): Neudert Undt Co, Farmington, Mo.

20. FILED Nov 1 - 1937 T. J. Robinson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1937, to Oct 31, 1937, I last saw her alive on Oct. 31, 1937, Death is said to have occurred on the date stated above, at 11:30 P m.

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

	Date of onset
Prematurity 5½ months	Oct 31-37

Other contributory causes of importance:

159

Name of operation ..... 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) Geo. L. Watkins, M. D.

(Address) Farmington Mo.

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