

DEC 16 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Christian  
Township Bruner  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 185  
Primary Registration District No. 6251

File No. 40964  
Registered No. 29  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Thomas Parvin Sharp  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## 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 \_\_\_\_\_ Jewel Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug 3. - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 2 6

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

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) Iowa13. NAME Francis Mairon Sharp14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Margaret Baty16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT Bess League, Telephone

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sparta Cemetery DATE 10-10 1937

19. UNDERTAKER Sparta Undertaking Co20. FILED 12-6 1937 Josephine Munnitt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9th 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1937, to Oct 9th, 1937  
I last saw him alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 2-45 p.m.

The principal cause of death and related causes of importance were as follows:  
Hypertrophy of Heart with  
Artiosclerosis with  
Enlarged Livers

Other contributory causes of importance:  
9502

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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. H. Wade, M. D.  
(Address) York 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.

