

DEC 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gentry
Township Athens
City (No. , St. Ward)

Registration District No. 3091
Primary Registration District No. 5427

File No. 41234
Registered No. 68

2. FULL NAME

Tom Sharp
(a) Residence, No. County Farm 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67

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

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) Gentry Co. Mo.13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Guy Carlock (ADDRESS) Albany, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Gentryville Mo DATE 11/5 193719. UNDERTAKER (ADDRESS) Robert L. Yapple Albany, Mo.20. FILED Nov 5, 1937 W. F. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov October 4 193722. I HEREBY CERTIFY, That I attended deceased from Ceeg 1 1937 to Nov 4 1937

I last saw h. alive on Nov 3 1937 Death is said to have occurred on the date stated above, at 8:15 A.M.

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

Carcinoma of Liver
Primary Carcinoma in Liver

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy? NO23. 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? NOIf so, specify (Signed) J. N. Barger, M. D.(Address) Albany 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.

