

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

Do not use this space.

27

1. PLACE OF DEATH

165
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County Sullivan Registration District No. 853
 Township East Primary Registration District No. 4516
 City Harris (No. _____) St. _____ Ward _____

File No. 4383
 Registered No. 2

2. FULL NAME

Nancy Jane Sharp 610
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
79 1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Sullivan Co. Missouri

13. NAME John Dodson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard, Co. Missouri

15. MAIDEN NAME Ligusta O'Neal

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard, Co. Missouri

17. INFORMANT (ADDRESS) Mrs. Cecil Clem. Harris, Mrs.

18. BURIAL, CREMATION, OR REMOVAL Deep Springs Cem. Jan 26 1938

19. UNDERTAKER (ADDRESS) C. A. Schoene

20. FILED Jan. 28, 1938 Mrs. Ruth Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24th 1938

22. I HEREBY CERTIFY, That I attended deceased from January 18th 1938 to January 23rd 1938

I last saw h. or alive on January 23rd 1938. Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Broncho-pneumonia Date of onset 1/18/38
Chronic Myocarditis approx. 1933

Other contributory causes of importance: POC

Name of operation _____ Date of _____
 What test confirmed diagnosis physical exam 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) W. Wise 3449
 768 (Address) Harris, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH