

REC'D APR 19 1938

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

Do not use this space.

10853

1. PLACE OF DEATH

County Franklin
Township Franklin
City Franklin (No. 1)

Registration District No. 328
Primary Registration District No. 3017

File No.
Registered No.
St. Ward

2. FULL NAME

Albin 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 M. 4. COLOR OR RACE W. 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) 3-4-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 18 hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Franklin (STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Clayd Sharp

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

MOTHER 15. MAIDEN NAME Alma Harbays

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

17. INFORMANT (ADDRESS) Clayd Sharp

18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Cemetery DATE 3-6-38 19.

19. UNDERTAKER (ADDRESS) Episcopal Family
Superintendent

20. FILED 3-4-38 Franklin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4- 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1938, to 3-4 1938

I last saw him alive on 3-4 1938 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

premature birth
retained sixth
month month

Other contributory causes of importance: 154

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

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. Muller M. D.
(Address) Franklin 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.

