

REC'D APR 15 1938

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

Do not use this space.

11531

1. PLACE OF DEATH

69 County Monroe
Township South Fork
City (No.)

Registration District No. 586
Primary Registration District No. 5784

File No. 3
Registered No. 3
St. Ward

2. FULL NAME

William Wesley Sharp 610

(a) Residence, No. St. Ward. (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) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3 1864 1-3-1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) part year 1937
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andover Mo

13. NAME Jefferson Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Sarah E Charlton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Ira S. Smith (Daughter)
(ADDRESS) Stratton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South of E. corner DATE April 5 1938

19. UNDERTAKER Smith & Hansen
(ADDRESS) South of E. corner

20. FILED April 16 1938 Registrar. 516

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1938

22. I HEREBY CERTIFY, That I attended deceased from November 1937 to April 7 1938

I last saw him alive on April 7 1938. Death is said to have occurred on the date stated above, at 11 A. m.

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

Gastric ulcer, probably malignant. Date of onset

Other contributory causes of importance: 46 1/2

Name of operation Date of

What test confirmed diagnosis: Clinical Was 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

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. F. Flynt M. D.

(Address) Paris 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.

