

DEPT SEP 28 1938

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

29855
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 443
(b) Township Orick Primary Registration District No. 5970 Registered No. 16
(c) City Country (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Elizabeth Sharp old

(a) Residence, No. Country St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wife of Hiram Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17th 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 8 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as 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) Ray Co Mo

FATHER 13. NAME Geo Clevenger

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

MOTHER 15. MAIDEN NAME Sarah Mc Kissack

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

17. INFORMANT (ADDRESS) Hiram Sharp Orick Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ruffa Court DATE 8/5

19. FUNERAL DIRECTOR (ADDRESS) C. V. Blazer Orick Mo

20. FILED 8/4/1938 Blanchard Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/4 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 4, 1938
I last saw h. or alive on Aug 4, 1938. Death is said to have occurred on the date stated above, at 6:18 m.
The principal cause of death and related causes of importance were as follows:

Gastrointestinal Carcinoma (Primary poss. stomach) ?
Chronic myocarditis ?
HBP -
Other contributory causes of importance:

Name of operation None 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? None Date of injury _____, 19____
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Blanchard, M. D.
(Address) Orick, Mo.

STATEMENT BY LICENSED EMBALMER

I, W. Gibson Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by Edward C Gibson Registered Apprentice No. 151
working under my personal supervision.

Signed W. Gibson
Licensed Embalmer No. 2299

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)