

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.

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

Do not use this space.

RECD MAR 9 1939

6217

1. PLACE OF DEATH

County Christian Registration District No. 1835
 Township Bruner Primary Registration District No. 6251
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16th 1939

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

22. I HEREBY CERTIFY, that I attended deceased from Feb 1st 1939 to Feb 16th 1939
 I last saw him alive on Feb 1st 1939 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20th 1859

to have occurred on the date stated above, at 9-57 p.m.
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 27

Chronic Int. Degeneration Date of onset 1-2-37

OCCUPATION 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)
 11. Total time (years) spent in this occupation.

Other contributory causes of importance: 121

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. exam Was there an autopsy? No

MOTHER 13. NAME John Sharp.

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)

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

Specify whether injury occurred in industry, in home, or in public place.

MOTHER 15. MAIDEN NAME Ann Crawford

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Steven Whitted (ADDRESS) Elkhart, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Chapel DATE 2-22th 1939

19. UNDERTAKER Patton & Chaffin (ADDRESS) Sparta, Mo.

20. FILED 3-1 1939 Josephine Whitted Registrar.

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

RECEIVED

District Health Officer No. 6,

District File Number 6-39-451

Date Filed MAR 3 1933