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.

REC'D MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH
County: Clay
Township: Fishing River
City: Excelsior Springs, Mo. (No. 610 Veterans Administration Facility St. 3d Ward)

Registration District No. 198
Primary Registration District No. 3011

File No. 6237
Registered No. 16

2. FULL NAME: SHARP, Ferdinand F.

(a) Residence, No. Nevada, Missouri St., Ward. Route #1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-20-88

7. AGE: Years 50 | Months 6 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): Unknown
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lucerene, Ks.

FATHER
13. NAME: James, Sharp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Mary Alburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Hospital records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nevada, Mo. DATE: 2-2-39, 19

19. UNDERTAKER (ADDRESS): John C. Prather, Excelsior Springs, Mo.

20. FILED: Feb. 4, 1939 Lorna McCracken Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 2, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-21-39, 19, to 2-2-39, 19
I last saw him alive on 2-2-39, 19. Death is said to have occurred on the date stated above, at 2:21 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the pancreas with generalized metastasis	?

Other contributory causes of importance:

Name of operation: none Date of: --
What test confirmed diagnosis? -- Was there an autopsy? Yes

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?
If so, specify

(Signed) E. K. MOORE, MD, Clinical Director
(Address) Veterans Administration Excelsior Springs, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/2/39