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.

2096

REC'D JUL 13 1939

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

22171
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE
(b) Township
(c) or City SPRINGFIELD
Registration District No. 318
Primary Registration District No. 2001
Registered No. 537
(d) Street No. St. Johns Hospital 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 William A Sharp
(a) Residence, No. 440 W Madison St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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 Lula Sharp
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 1868
7. AGE Years ✓ 70 Months II Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Brick Layer
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) 1931
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Indiana

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lula Sharp Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE July 5 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.H. Lohmeyer Springfield Mo.
20. FILED July 5 1939 Chas A George Mo 270
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on dead 7/4 1939. Death is said to have occurred on the date stated above, at 11.45 pm
The principal cause of death and related causes of importance were as follows:
Fracture of Skull M
21 D 21
Date of onset
Other contributory causes of importance:
Fract rt Leg below Knee
while crossing street hit by automobile
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 3 1939
Where did injury occur? Market & State Streets
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Springfield Mo
Manner of injury automobile accident
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J P Ferguson Coroner, M.D.
(Address) 604 E Elm

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

....., Registered Apprentice No.....

working under my personal supervision.

Signed M L Canaday

Licensed Embalmer No. 3434

P. O. Address Springfield, Me

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

If this body is not embalmed, above space should be left blank.

X