

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.

350 JUL 19 1939

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

23450

Do not use this space.

1. PLACE OF DEATH ⁹
 (a) County Starr Registration District No. 843
 (b) Township Washington Primary Registration District No. 4513 Registered No.
 (c) City Salera, Mo. or (d) Street No. St.
 (e) Length of residence in city or town where death occurred 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 651 Julia L. Sharnbery
 2. PRINT FULL NAME
 (a) Residence, No. 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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. W. Sharnbery
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. House wife
 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) Virginia |
 FATHER 13. NAME Wm. W. Sharnbery |
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia |
 MOTHER 15. MAIDEN NAME Emma Scott |
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia |
 17. INFORMANT Mrs. Harold Craig
 (ADDRESS) Reamview, Tex.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Salera DATE June 23, 1939
 19. FUNERAL DIRECTOR (NAME) Elliott J. Cheatham
 (ADDRESS)
 20. FILED June 27, 1939 Nellie Ironley
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1939
 22. I HEREBY CERTIFY That I attended deceased from June 14 1939 to June 22 1939
 First saw him alive on June 22 1939 Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Acute Enteric Encephalitis
 Date of onset June 14, 39
 Other contributory causes of importance:
Smoking
 Name of operation X Date of
 What test confirmed diagnosis? none 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 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? no
 If so, specify
 (Signed) W. W. Ironley M. D.
 (Address) Salera, Mo.

RECEIVED

District Health Officer No. 6,

District File Number

739-1427

Date Filed

JUL 11 1939

STATEMENT BY LICENSED EMBALMER

not

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

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

working under my personal supervision.

Signed

Ereth J. Cheatham

Licensed Embalmer No.

3870

P. O. Address

Halena, Mo.

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

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