

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.

35145

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. ST. Mary Hospital) St. _____ Ward _____

File No. 4120
Registered No. _____

2. FULL NAME

Frank Sharp
(a) Residence, No. 531 Chestnut St., _____ Ward _____

Leavenworth Kansas
(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

3. SEX Male 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 Fillie Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-29-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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

12. BIRTHPLACE (CITY OR TOWN) Atchison Co
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Dont Know

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

MOTHER 15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

17. INFORMANT Safe Sharp
(ADDRESS) Leavenworth Ks

18. BURIAL, CREMATION, OR REMOVAL Leavenworth Ks DATE 10/27 1939

19. UNDERTAKER Septon Und Co
(ADDRESS) Leavenworth Kansas

20. FILED 10/29 1939 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1939, to Oct. 27, 1939.

I last saw h. _____ alive on Oct. 27, 1939 Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Dilatation of Heart

Date of onset

Other contributory causes of importance:
Myocardial Cordis Vasculosa

Phydis Sharp

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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 _____, 1939

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) T. H. Quines M. D.
(Address) Leavenworth Mo

