

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.

FILED NOV 21 1940

20

742

36176

1. PLACE OF DEATH

County Ray
Township Pat
City Lansum (No. St. Ward)

Registration District No.
Primary Registration District No. 4444

File No.
Registered No.

2. FULL NAME

(a) Residence No. Lansum 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 86 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Clinton Co (STATE OR COUNTRY) Missouri

MOTHER 13. NAME Wm. Sharp

14. BIRTHPLACE (CITY OR TOWN) N. Carolina (STATE OR COUNTRY) 0

15. MAIDEN NAME Nancy Ann Patton

16. BIRTHPLACE (CITY OR TOWN) Ray County (STATE OR COUNTRY) Mo

17. INFORMANT Martin Sharp (ADDRESS) Lansum Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Prairie Ridge DATE Nov. 1 1940

19. UNDERTAKER Jarman Prichard (ADDRESS) Lansum Mo.

20. FILED Edwin Shouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 31 1940

22. I HEREBY CERTIFY That I attended deceased from July 1940, to Oct. 31 1940

I last saw him alive on Oct. 27 1940 Death is said to have occurred on the date stated above, at 5A m.

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

General Senility with Interperitoneal Carcinoma of Stomach

Other contributory causes of importance: 46

Name of operation Obit Date of No
What test confirmed diagnosis Obit 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 Obit (Signed) Edwin Shouse, M. D.
(Address) Lansum Missouri

RECEIVED
District Health Officer No. 8,
11-8-40
Date Filed

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36176

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 742

Primary Registration District No. 4444

Registrar's No. _____

1. PLACE OF BIRTH:

(a) County Ray
(b) City or town Lawsan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Frederick Sharp

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased 7 - 19 - 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 12 If less than one day _____ hr _____ min

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov. 1-1940 (b) Edwin Slouse
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Lawsan
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Oct day 31
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Clatus E. Buehler (M. D. or other) _____

Address Lawsan Mo Date signed _____

SUPPLEMENTARY

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

