

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

Do not use this space.

41918

1. PLACE OF DEATH

County Ray  
Township Crooked River  
City (No. ....) (St. ....) (Ward)

Registration District No. 740  
Primary Registration District No. 5975-

File No. 11  
Registered No. ....

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Sophia C Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-08

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ....hrs. or ....min.  
73 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Ray Co Mo.

13. NAME M. Anderson Sharp

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

15. MAIDEN NAME Nellie Dowden

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

17. INFORMANT (ADDRESS) W. A. Sharp  
Hardin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Garden DATE Dec-9 1931

19. UNDERTAKER (ADDRESS) Jno W. Kunschid  
Hardin Mo

20. FILED Dec. 8 1931 B. B. Willeford  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1931, to Dec 7, 1931

I last saw him alive on Dec 3, 1931. Death is said

to have occurred on the date stated above, at 11 P. m.

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

Myocarditis Date of onset Dec 9/1931

131 932 131

Other contributory causes of importance: Nephritis, interstitial 2 yrs

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? ..... 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) Marvin Jensen, M. D.

(Address) Hardin, Mo.

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.

