

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

Do not use this space.

37596

1. PLACE OF DEATH

County Ray
Township Fishing River
City _____ (No. _____)

Registration District No. 743
Primary Registration District No. 6237

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Chas Richard Sharp

(a) Residence, No. _____ St. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/11/33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 4 1/2 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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 Ralph D Sharp

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

15. MAIDEN NAME Bernice McFee

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

17. INFORMANT Ralph D Sharp
(ADDRESS) Quincy Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE O'Well DATE 11/22, 1933

19. UNDERTAKER C. V. Gibson
(ADDRESS) Quincy Mo

20. FILED Nov 15, 1933 H. E. Ellis Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/11, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1933, to Nov 11, 1933

I last saw him alive on Nov 11, 1933 Death is said to have occurred on the date stated above, at 8 P. m.

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

Atelectasis
Premature 7 months
157
Other contributory causes of importance: Parv
Taraxacum follic
not closed

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1933

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) John J. Mac M. D.
(Address) Greene Springs, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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JAN 4 1934

