

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

Do not use this space.

23805

89 1. PLACE OF DEATH
 County Ray Registration District No. 103 743
 Township Putnam Primary Registration District No. 6237 File No. _____
 City _____ (No. _____) St. _____ Ward _____
 2. FULL NAME Henry George 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Ellen Sharp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 - 1857
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 24 _____
 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, Mo
 13. NAME John Sharp
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Mary Ann Rainey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) David Sharp
 18. BURIAL, CREMATION, OR REMOVAL PLACE Seeger DATE July 28, 1932
 19. UNDERTAKER (ADDRESS) Herbert Hope
 20. FILED July 28, 1932 W. D. Craven Registrar

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1932
 22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on _____, 19____. 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:
Chronic myocarditis & nephritis Date of onset _____
 Other contributory causes of importance: General arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? usual Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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 none
 Nature of injury none
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. D. Craven, M. D.
 (Address) Ex. Spgo. Mo.

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

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.

AUG 29 1932

