

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

space 8 AM  
 Pg 26  
 Do not use this space.

REC'D JUN 17 1938

19322

**1. PLACE OF DEATH**

County Ray Co. Registration District No. 743  
 Township Fishing River Primary Registration District No. 6237  
 City (No. ) St. (Ward)

File No. \_\_\_\_\_  
 Registered No. 11

**2. FULL NAME**

James Harvey Sharp  
 (a) Residence (Usual place of abode) Ward. mo. Ray Co.  
 (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 Elizabeth Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 1 18

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 Mathen Sharp

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

15. MAIDEN NAME Mary Jane Creason

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

17. INFORMANT (ADDRESS) A. W. Odell Ray Co. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Siegel Cem DATE ap. 27 1938

19. UNDERTAKER (ADDRESS) Herbert Hope Excelsior Springs, Mo.

20. FILED 6/1 1938 White Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to April 26, 1938  
 First saw him alive on March 26, 1938. Death is said to have occurred on the date stated above, at 8 A. m.

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

Carcinoma on neck. Date of onset 1936  
53

Other contributory causes of importance: none

Name of operation none 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) John J. Sager, M. D.

(Address) Excelsior 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.

