PLACE OF DEATH

Howard

p Chariton

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

Registration District No. 379 File No. 12410

Primary Registration District No. 5529 Registered No.

(NO. St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Tom Sharp

PERSONAL AND STATISTICAL PARTICULARS

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Single

OF BIRTH: Feb 10, 1848 (Month) (Day) (Year)

72 yrs. 1 mos. — ds.

If LESS than 1 day, hrs. or min.?

ATION e, profession, or ar kind of work: Farmer

ral nature of industry, , or establishment in mployed (or employer)

LACE own, reign country): England

AME OF THER: Not Known

RTHPLACE FATHER ty or town, State or foreign country): Not Known

AIDEN NAME MOTHER: Dont Know

RTHPLACE MOTHER ty or town, State or foreign country): Dont Know

OVE IS TRUE TO THE BEST OF MY KNOWLEDGE

nt) Clarence Sarlin

ADDRESS) ~~Glasgow Mo~~ R R Forsyth R R no 6

-12 1920 W M Pritchett

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Mar 10, 1920 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 8, 1920, to March 10, 1920, that I last saw him alive on March 10, 1920 and that death occurred, on the date stated above, at 5-30 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia Broncho

1970

(Duration) 91 yrs. mos. 5 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W R Hawkins M. D.

3-11 1920 (Address) Georgoin Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Rehland Cemetery

DATE OF BURIAL: 3-12 1920

UNDERTAKER: [signature] Wangler

ADDRESS: Glasgow Mo

PLACE OF DEATH

County _____

Township _____
or
Village _____
or
City _____ (NO. _____ _____ St.; _____ Ward)

MISSOURI STATE BOARD OF HE
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

[If death o hospital or give its NA of street and

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(*Write* the word)

DATE OF BIRTH

_____ (Month) _____ (Day), 1_____ (Year)

AGE

_____ yrs. _____ mos. _____ ds.

If LESS than day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191____, _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____ (Month) _____ (Day)

I HEREBY CERTIFY, that I attended decea

_____, 191____, to _____

that I last saw h_____ alive on _____

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

_____

_____

_____

_____ (Duration) _____ yrs. _____ mos. _____

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos. _____

(Signed) _____

_____ 191____ (Address) _____

*State the Disease Causing Death, or, in deaths from Violent C (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BUR

UNDERTAKER

ADDRESS