

1927

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

Do not use this space.

Little Ryan or Ryan
14033

1. PLACE OF DEATH

County Wright
Township Clark
City (No.)

Registration District No. 1122
Primary Registration District No. 6226

File No.
Registered No. 4
St. Ward)

2. FULL NAME

David S. Sharp

(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 Sela Sharp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 1, 1861

7. AGE YEARS MONTHS DAYS If LESS than I day, ... hrs. or ... min.
66 | 0 | 12 | —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ind

10. NAME OF FATHER Kelley Sharp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Malinda Davidson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Chester A. Sharp
(Address) Mtn. Grove Mo.

15. FILED 4/13, 1927 T. B. Bouldin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 13 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1927 to Apr 13, 1927 that I last saw him alive on Apr 9, 1927, and that death occurred, on the date stated above, at 10:15 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of Stomach
46E

440

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH,

WAS THERE AN AUTOPSY,

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. B. Little, M. D.

4/15, 1927 (Address) Morwood Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Reed Cemetery 4/14 1927

20. UNDERTAKER

None

ADDRESS

X. 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.

