

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

Do not use this space.

10574

1. PLACE OF DEATH

County Lewis
Township Ladelle
City Ladelle (No.)

Registration District No. 479
Primary Registration District No. 4288

File No.
Registered No.
St. Ward)

2. FULL NAME

Cora E. 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 Female 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 Joseph Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping

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) Lewis Co. Mo.

13. NAME William A. Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Kate Kendrick

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

17. INFORMANT (ADDRESS) Joseph Sharp

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS) James T. Cade

20. FILED 76 1931 J. L. Bourne Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1931

22. I HEREBY CERTIFY, That I attended deceased from Decemb 8, 1930, to March 7, 1931. I last saw h. alive on March 3, 1931. Death is said to have occurred on the date stated above, at 5 P. m.

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

Coronary of the City Hospital of Missour
27 by the Receptacle
Cybernet. Cycle.

Other contributory causes of importance: in part hereditary defect

Name of operation of denuded Date of Dec 1930
What test confirmed diagnosis? specimen Was there an autopsy?

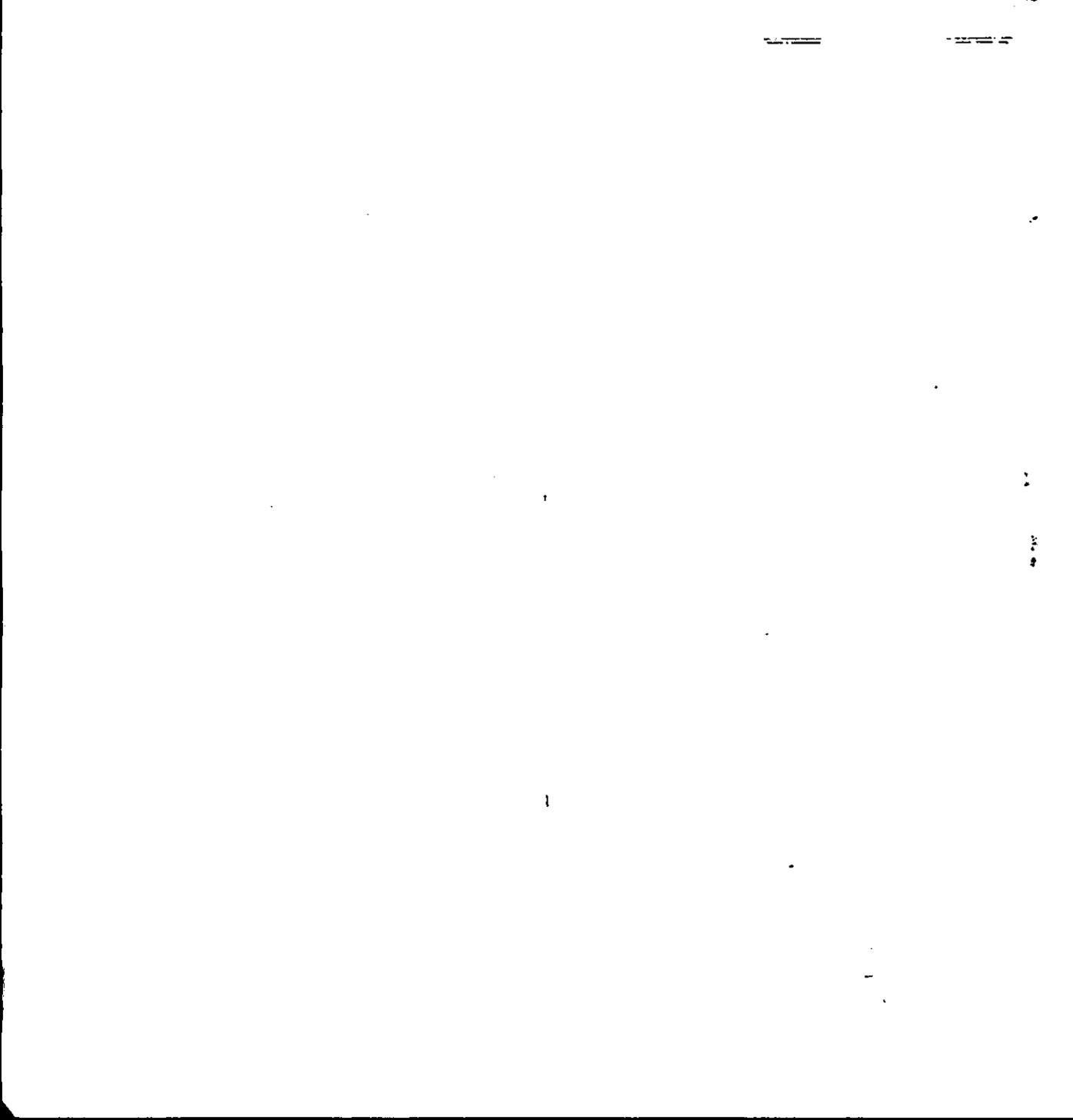
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State) 3
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) J. L. Bourne Registrar.
(Address) Ladelle Mo.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Lewis Registration District No. 479 File No.
 Township Primary Registration District No. 4288 Registered No.
 City La Belle (No.) St. Ward)

2. FULL NAME Cora S. 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 F **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) M

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

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

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

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 3/6 1931 J. L. Bourne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 4 1931

17. I HEREBY CERTIFY, That I attended deceased from 10 of November 1931 to March 4, 1931 that I last saw him alive on March 4, 1931, and that death occurred, on the date above, at 5-4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the
gall bladder related to
the lymphatics
 (duration) yrs. mos. ds.
CONTRIBUTORY gall bladder infection
 (SECONDARY) and a general (duration) 90 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
 NOT A PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 15 1931
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? operations
 (Signed) J. L. Roster M.D.
 , 19 (Address)

*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 La Belle Cemetery **DATE OF BURIAL** 3/6 1931

20. UNDERTAKER James Hodder **ADDRESS** La Belle Mo

SUPPLEMENTARY

Lymphatic

SMALL NO. RECEIVED A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

6-10574