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.

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

Do not use this space.

21617

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. General Hospital #2 St. 2152 Ward)

2. FULL NAME Bessie Sharp
(a) Residence, No. 409 Lydia 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1870
7. AGE: 61 YEARS — MONTHS: 3 — DAYS: 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Not any
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): Warrensburg Mo

FATHER
13. NAME: C. Berry
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Ludusky Boone
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clarksville Ky

17. INFORMANT (ADDRESS): Record Clerk General Hos No 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland Cemetery DATE: June 25, 1931
19. UNDERTAKER (ADDRESS): West Appleton & Jones 1600 E. 19
20. FILED 6/24, 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 20, 1931
22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1931, to June 20, 1931
I last saw her alive on June 20, 1931. Death is said to have occurred on the date stated above, at 8 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Jan 15 1931
93C	
87A	
93C	

Other contributory causes of importance:
Chr. Myocarditis
Arteriosclerosis

Name of operation — Date of
What test confirmed diagnosis? Clinical Lab 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?
If so, specify
(Signed) D. M. Miller, M. D.
(Address) General Hos. No 2