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

Do not use this space.

32133-a

File No.

Registered No. 26

1. PLACE OF DEATH

49 County Jackson

Township Ft Osage

City Sibley Mo. (No. , St. Ward)

Registration District No. 396

Primary Registration District No. 6352

2. FULL NAME Baby (Girl) 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.

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.

JAN 24 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): October 29/32

7. AGE: Years 0; Months 0; Days 0; If LESS than 1 day, 17 hrs. or min.

OCCUPATION

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

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): Sibley Mo

FATHER

13. NAME: Wm Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County Mo.

MOTHER

15. MAIDEN NAME: Susie Landsman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Kansas

17. INFORMANT (ADDRESS): Wm Sharp, Sibley Mo.

18. BURIAL, CREMATION, OR REMOVAL? PLACE: Sibley Mo. DATE: Oct. 30/32

19. UNDERTAKER (ADDRESS): V M Reppert. Buckner Mo. V. M. Reppert

20. FILED 1-10, 1932 M. A. Wainwright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): October 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1932, to Oct. 29, 1932

I last saw h alive on 10-29, 1932. Death is said to have occurred on the date stated above, at 7 PM.

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

Asphyxia Livida due to unattended child-birth 10/29/32

Date of onset

Other contributory causes of importance: Pulmonary Edema

Name of operation Date of

What test confirmed diagnosis? 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)

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) H E Dawson, M. D.

(Address) Buckner, Mo.