

FEB 27 1934

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

Do not use this space.

2167

1. PLACE OF DEATH

County Shelby  
Township Miller  
City Shelby

Registration District No. 677  
Primary Registration District No. 5903

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
5 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Rolla Mo

MOTHER 13. NAME Joe Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla Mo

15. MAIDEN NAME Jane Barnes

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

17. INFORMANT (ADDRESS) George Sharp  
Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dyer Cemetery DATE June 15, 1934

19. UNDERTAKER (ADDRESS) Neighbors acting as undertaker  
Rolla, Mo

20. FILED Jan. 15, 1934 Joe F. Cyeis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1934

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I am attending \_\_\_\_\_, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 8 a.m.

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

Don't know died suddenly.  
Date of onset \_\_\_\_\_  
Other contributory causes of importance \_\_\_\_\_  
2008 700 B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none 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 \_\_\_\_\_

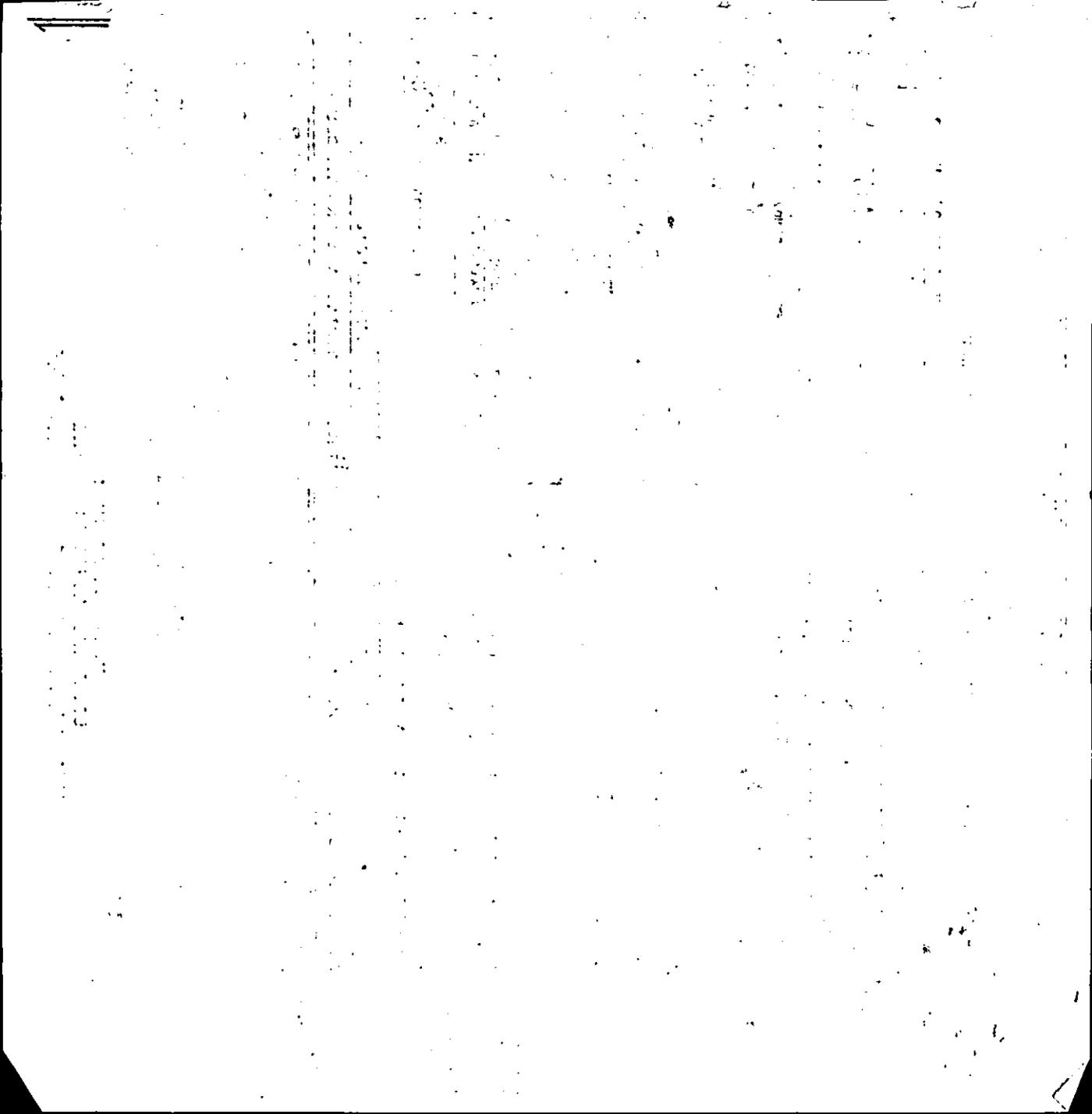
24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) No doctor in attendance, M. D.

(Address) \_\_\_\_\_

Dr. A. S. Mitchell arrived after death



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Shelby  
Township Miller  
City..... (No..... Ward)

Registration District No. 677  
Primary Registration District No. 5903

File No. 2167  
Registered No.....

**2. FULL NAME**

Emmett 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S  
(Write the word)

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.

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE....., 19.....

19. UNDERTAKER (ADDRESS)

20. FILED April 10, 1934 Jan. 7, Ayern Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from No to....., 19.....

I last saw him alive on Doctor, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

from information received from parents child was feeling in the best of health night before and took bad night mung and died before a doctor could arrive from town live about 8 miles from Rolla.

Name of operation Dr. S. S. Mitchell was called Date of original

What test confirmed diagnosis? and made out original Was there an autopsy? 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)....., M. D.

(Address).....

**SUPPLEMENTARY**

5-2167