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.

80

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

SEP 10 1934

Do not use this space.

30365

1. PLACE OF DEATH

County: Pettis
Township: Longwood
City: Longwood (No. ..... , ... St. ..... Ward)

Registration District No. .....
Primary Registration District No. 5898

File No. 290
Registered No. 668

2. FULL NAME: Anna Elizabeth Thorp

(a) Residence, No. Longwood Mo. 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John B Thorp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10 1856

7. AGE: YEARS 78 | MONTHS 3 | DAYS 2 | 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): Ala.

FATHER
13. NAME: A.T.Henley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

MOTHER
15. MAIDEN NAME: Sarah Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala.

17. INFORMANT (ADDRESS): Cecil Orear, Longwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Marshall Mo DATE: Aug 13 1934

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home, Sedalia Mo.

20. FILED: 8/13, 1934 Jean Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 11 /34, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934, to Aug 11, 1934
I last saw her alive on Aug 11, 1934 Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
82 D Senile debility	
162 Paralysis	8.1.34

Other contributory causes of importance:

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) C. P. Cartwright, M. D.
(Address) Hughesville Mo

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Pettis

290

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Anna Elizabeth Sharp

Who died at _____ on July 11 - 1930

Residence: No. _____ St. _____

(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex F Color or race W ~~Single~~, ~~married~~, widowed or ~~divorced~~: _____

Date of birth _____ Age: Years 78 Months 3 Days 1

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Senile debility - Paralysis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Jean Stack Date filed

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. T. McGaugh

State Registrar

Reg. Dist. No. 668

Primary Reg. Dist. No. 5898

Special Agent.

5-30365

5-30365