

SEP 20 1935

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

Do not use this space.

26746

1. PLACE OF DEATH

County JasperRegistration District No. 411

File No.

Township StantonPrimary Registration District No. 2002

Registered No.

City Joplin(No. First Railroad Yard, 152nd Reservoir Ward)

2. FULL NAME

Philip Earnest Sharp(a) Residence, No. 2928 E. 7th St. Ward.Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (NAME OF) <u>Cora M Sharp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 27-1981</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>4</u>	DAYS <u>10</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as airplane sawyer, bookkeeper, etc. <u>Box-Packer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Fusco R. B.</u>	
	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) <u>Carthage, Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs Cora Sharp</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burman cemetery</u> DATE <u>Aug. 8th 1935</u>		
19. UNDERTAKER <u>Louper Mortuary</u> (ADDRESS) <u>1502 Joplin St. Joplin Mo</u>		
20. FILED <u>Aug 7 1935</u> <u>Ed D Jarne</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 193522. I HEREBY CERTIFY, That I attended deceased from , 1935, to Aug 6, 1935I last saw him live on Aug 6, 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.

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

Embolus Right coronary artery
HTA

Other contributory causes of importance: Arterio Sclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) W. P. Hagan, M. D.(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000