

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

FEB 20 1936

1419

**1. PLACE OF DEATH**

County Jackson Registration District No. 379  
 Township Barrow Primary Registration District No. 1532  
 City Manassas City (No. Nellie Clark Home 9848<sup>th</sup> Inwood Ward)

**2. FULL NAME**

(a) Residence, No. 2281 Hardisty St. Ward. \_\_\_\_\_ (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James P. Sharp  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 - 1856  
 7. AGE YEARS 79 MONTHS 9 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19, 1936  
 22. I HEREBY CERTIFY, That I attended deceased from 1/14, 1936 to 1/18, 1936  
 I last saw her alive on 1/18, 1936 Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seeper  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ (11. Total time (years) spent in this occupation \_\_\_\_\_)

Bronchial pneumonia Date of onset 1/14/36  
 Other contributory causes of importance:  
acute interstitial nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leury County Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 13. NAME Lewis Sallee

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.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leury County Mo.

MOTHER 15. MAIDEN NAME \_\_\_\_\_

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) James P. Sharp

18. BURIAL, CREMATION, OR REMOVAL PLACE Madenville Mo DATE Jan 21 1936

19. UNDERTAKER (ADDRESS) Wm. Henderson

20. FILED Jan 20 1936 H. J. Corwin Registrar.

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) D. R. Russell, M. D.  
 (Address) 3231 E 11 St

Sp. D. R. Russell.