

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.

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

Do not use this space.

7222

MAR 24 1936

1. PLACE OF DEATH
County Platte Registration District No. 696
Township Fair Primary Registration District No. 5925
City (No.) St. Ward

2. FULL NAME Harrington Mae 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.

File No. _____
Registered No. 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1934-1-12
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Atty.
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) Platte co. Missouri

13. NAME Hennery Sharp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bushkirk co. Missouri

15. MAIDEN NAME Rachel Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Point Mo. Missouri

17. INFORMANT (ADDRESS) Hennery Sharp, R.D. 4 - Platte City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden Point Mo. DATE July 19 - 1936

19. UNDERTAKER (ADDRESS) Quinn Davis, Deaton Bros.

20. FILED 2/22, 1936 Mr. Maurice E. Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 - 1936
22. I HEREBY CERTIFY, That I attended deceased from measles, 1936, to measles, 1936.
I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

Acute Apoplectic (Stil without medical care)
Date of onset 2-17-36

Other contributory causes of importance:
12/1/36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) S. L. Durham M. D.
(Address) Durham Mo. Crown Platte County

