

DEC 4 1936

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

Do not use this space.

38869

1. PLACE OF DEATH
County Madison Registration District No. 775
Township Paris Primary Registration District No. 6022-A
City Bonne TERRE (No. Bonne Terre Hospital) St. _____ Ward _____

2. FULL NAME SARAH J. SHARP
(a) Residence, No. Bonne Terre, Mo. St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 3, 1862

7. AGE YEARS 74 MONTHS 6 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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) Madison Mo (STATE OR COUNTRY)

FATHER 13. NAME William Polk

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

MOTHER 15. MAIDEN NAME EUSIBA HAMMOND

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

17. INFORMANT REBECCA A. SHERMAN (ADDRESS) BONNE TERRE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE DOG RUN MIU DATE 10-5 1936

19. UNDERTAKER JOS DIEMER (ADDRESS) FLAT RIVER MO

20. FILED Oct 7 1936 N. W. Hawthorn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-28 1936 to 10-3 1936

I last saw her alive on Oct 1 1936, Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Cancer of sigmoid Date of onset 2-1-36

Other contributory causes of importance: No

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an 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) J. S. Watkins, M. D.

(Address) Farmington Mo.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

