

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City (No. 4331)

Registration District No. 399
Primary Registration District No. 1002
Chestnut

File No. 19221
Registered No. 15100
St. _____ Ward _____

2. FULL NAME

Amelia M. Sharp
(a) Residence, No. 4335 Chestnut
(Usual place of abode)

Sharp
St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph M. Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-17-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 8

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) (STATE OR COUNTRY) Guthrie Center Iowa

13. NAME Samuel Dale

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. J. W. Noble
(ADDRESS) 4335 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 5-28 1937

19. UNDERTAKER W. H. Brown
(ADDRESS) May 28, 1937
M. M. Browner

20. FILED May 28, 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-24 1937, to 5-25 1937

I last saw him alive on 5-25 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Coronary Occlusion
94B

Date of onset 5-24-37

Other contributory causes of importance:
Hypertension + Scurvy

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Ralph Perry _____ M. D.
(Address) 4800 E 24th

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.

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