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.

REC'D MAY 23 1938

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

Do not use this space.

15257

File No. .....
Registered No. 115

1. PLACE OF DEATH
County: Marion
Township: ~~Mason~~
City: Hannibal
Registration District No. 547
Primary Registration District No. 3074
(No. St. Elizabeth Hospital St. ..... Ward)

2. FULL NAME: Louis Henderson Sharp 610
(a) Residence, No. Palmyra, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Alice Gash Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 10, 1858

7. AGE: Years 79 | Months 11 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer
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): Marion County, Mo.

FATHER
13. NAME: James A. Sharp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Swindell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentuckey

17. INFORMANT (ADDRESS): Mrs. Alice Sharp Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cem. DATE: 4/16/38, 19..

19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED: Apr 15, 1938 H C Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1938, to April 14, 1938
I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation: none Date of: .....
What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury: ....., 19..
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: No
Nature of injury: No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify: .....
(Signed) W. C. O'Neal, M. D.
(Address) Palmyra, Mo.