

REC'D AUG 26 1938

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

26211
Do not use this space.

1. PLACE OF DEATH

(a) County Cherokee Registration District No. 677
 (b) Township..... Primary Registration District No. 4403 Registered No. 98
 (c) City Rolla (d) Street No. Rolla Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Susie V Sharp 610

(a) Residence, No. Vichy Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 4 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as 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) Cherokee Mo

FATHER 13. NAME Wm Chambers

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

MOTHER 15. MAIDEN NAME Ethira Redman

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

17. INFORMANT (ADDRESS) Mrs Lucy Weaver Vichy Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharp Farm DATE July 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Redman Rolla Mo

20. FILED July 20 1938 Jos. F. Myers Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1938

22. I HEREBY CERTIFY That I attended deceased from July 12 1938 to July 18 1938

If last saw her alive on July 18 1938 Death is said to have occurred on the date stated above, at 2:35 am.

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

Infirmities of old age Date of onset 5/6/38

Other contributory causes of importance: Rheumatism

Name of operation..... Date of.....

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) W. J. Redman M. D. (Address) Rolla 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ✓

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *S. C. Moore*

Licensed Embalmer No. *3394*

P. O. Address..... *Racine mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.