

REC'D APR 24 1939

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

10867
Do not use this space.

1. PLACE OF DEATH **GREENE**

(a) County **GREENE** Registration District No. **316**

(b) Township _____ Primary Registration District No. _____

(c) City **SPRINGFIELD** (d) Street No. **1116 E. Crowder** Registered No. **291**

(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 **Lydia E. G. Sharp.**

(a) Residence, No. **1116 E. Crowder** St. (If nonresident, give city or town and State)

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 **Wm. W. Sharp.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 8, 1870**

7. AGE YEARS **69** MONTHS **0** DAYS **27** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**

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) _____ (month and year) _____ spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn.**

13. NAME **Charles Ruppelle**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**

17. INFORMANT (ADDRESS) **Wm. W. Sharp 1116 E. Crowder Springfield, Mo.**

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) **Springfield, Mo. April 7, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **W. H. ...**

20. FILE NO. **April 7, 1939** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 5, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 23, 1939** to **April 5, 1939**

I last saw her alive on **April 5, 1939**. Death is said to have occurred on the date stated above, at **4 A.M.**

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

Pneumonia

Rheumatism - Arthritis

Date of onset **3-23-39**

56

male

3-22-39

Other contributory causes of importance:

Name of operation **None** 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**

(Signed) **W. H. ...** M. D.

(Address) **Springfield, 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..... *J. B. Linger*

Licensed Embalmer No. *3358*

P. O. Address *Springfield, 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.