

0550 AUG 1 1939

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

25683
Do not use this space.

1. PLACE OF DEATH *Gundy*

(a) County *Gundy* Registration District No. *328*

(b) Township *Trenton* Primary Registration District No. *5459* Registered No. _____

(c) City _____ (d) Street No. _____ 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 *Gerry Lee Sharp*

(a) Residence, No. _____ 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 *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 26, 1934*

7. AGE YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
		<i>4</i>	

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

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) *Gundy Co Mo*

FATHER 13. NAME *Lloyd Sharp*

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

MOTHER 15. MAIDEN NAME *Alma Warboy*

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

17. INFORMANT (ADDRESS) *Lloyd Sharp 1243 Trenton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Folk Center* DATE *5-1-39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Repsner*

20. FILED *4-30-39* *Irene D Jew* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr 30, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *April 26th 1939* to *April 30th 1939*

I last saw him alive on *April 30th 1939* Death is said to have occurred on the date stated above, at *8:30 p.m.*

The principal cause of death and related causes of importance were as follows:
Prematurity 6 1/2 months

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Other contributory causes of importance: _____

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? *no*
If so, specify _____
(Signed) *Clarence P. Duffey*, M. D.
(Address) *Trenton 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.

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RECEIVED

District Health Officer No. 11,

District File Number 739-914

Date Filed JUL 27 1939

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,

Not Embalmed. (except), or by

Registered Apprentice No., working under my personal supervision.

Signed Charles G. [Signature]

Licensed Embalmer No. 3109

P. O. Address Fenton 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.