

FILED FEB 7 1940

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

Do not use this space.

3513

1. PLACE OF DEATH

County Ray Registration District No. 742
Township Oske Primary Registration District No. 2977
City Lansdown (No. 2)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

611 Sarah Frances Sharp
(a) Residence, No. Ray Co St. 1 Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James F. Sharp</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 1855</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>2</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1939, to Jan 12 1940

I last saw her alive on Jan 11 1940. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

Carcinoma of Left Breast
Generalized Carcinomatosis

Date of onset

Other contributory causes of importance: 50

Name of operation Clinical Date of _____
What test confirmed diagnosis _____ 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) Detlev Buehner, M. D.(Address) Lansdown Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Caldwell Co Missouri</u>
	13. NAME <u>Edley Smith</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Mary Lee</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	17. INFORMANT <u>Mrs Paul Snyder</u> (ADDRESS) <u>Ransom Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prairie Ridge</u> DATE <u>Jan 15 1940</u>
	19. UNDERTAKER <u>Preghel - Jarman</u> (ADDRESS) <u>Lansdown</u>
	20. FILED <u>Jan 14 1940</u> <u>Edwin S Lane</u> Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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DATE FILED
FILE NUMBER
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

2/17/20

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