

Commonwealth of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. No. F 21Registration District No. 270Inc. Town Central CityPrimary Registration District No. 2435

City

(No. .... St., .... Ward)

: FULL NAME

James Thos Sharp

File No. ....

Registered No. 24004

[If death occurred in a hospital or institution, give its NAME (street of street and number.)]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)6 DATE OF BIRTH Aug 20, 1911 (Month) (Day) (Year)7 AGE 5 yrs. 1 mos. 6 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co10 NAME OF FATHER Roy Sharp11 BIRTHPLACE OF FATHER (State or country) Muhlenberg12 MAIDEN NAME OF MOTHER Mrs. May Velle13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fernie Gay(Address) Central City, Ky.15 Filed Oct 6, 1916 at La Blandford

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 27, 1916 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1916, to Sept 26, 1916, that I last saw him alive on Sept 26, 1916, and that death occurred on the date stated above at 8:00 m. The CAUSE OF DEATH\* was as follows:typhoid(Duration) ... yrs. ... mos. 4 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) J. M. Ferguson, M. D. Sept 27, 1916 (Address) Central City, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mountain View DATE OF BURIAL Sept 28, 191620 UNDERTAKER Monte Moore ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

B. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PATRIANAL should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Short statement of OCCUPATION is very important. See instructions on back of certificate.

MARCH RESERVED FOR RECORDS