

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9084

1 PLACE OF DEATH
County Mullenberg
Vol. No. Hillbath Registration District No. 7124
Ino. Town Primary Registration District No.
City No. St. Ward
2 FULL NAME Dudley Sharper

File No.
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE cool 5 SINGLE, WIDOWED, OR DIVORCED (Write the word) cool

6 DATE OF BIRTH Jan 7, 1917
(Month) (Day) (Year)

7 AGE 1 yrs. 3 mos. 3 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) child

9 BIRTHPLACE (State or country) Mullenberg

10 NAME OF FATHER Roy Sharper

11 BIRTHPLACE OF FATHER (State or country) Harstad Co. Minn.

12 MAIDEN NAME OF MOTHER Emma Boyd

13 BIRTHPLACE OF MOTHER (State or country) Bristain County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Roy Sharper
(Address) Theresa Ky

15 Filed 2-10, 1917 Geo. C. G. ...
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 9, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1917, to Feb. 9, 1917, that I last saw him alive on Feb. 7, 1917, and that death occurred on the date stated above at 7 P.M. The CAUSE OF DEATH* was as follows:

Acute Intestinal Indigestion.

(Duration) ... yrs. ... mos. 3 ds.
Contributory (SECONDARY) Indigestion

(Duration) ... yrs. ... mos. ... ds.
(Signed) A. Dornelius M. D.
Feb 10, 1917 (Address) 1300 ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES such as (1) BEARS OF IMPETUS and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN SIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL Powderly Ky DATE OF BURIAL 2-10, 1917

20 UNDERTAKER Geo. C. George Summerville

PLEASE PRINT WITH INK - THIS IS A PERMITS RECORD. Information should be correctly given. Age should be stated in years and months. If less than 1 year, give day, month and year. This information is of great importance. See instructions on back of certificate.