

Sharfe, Infant Boy 1928 - 1928

Form V. S. 1-50m-5-23-27

1 REASON OF DEATH
 County Franklin
 Vol. Salmon St. Registration District No. 585
 Inc. Town Primary Registration District No. 180
 City Frankfort Ky (No. Salmon St., 2 Ward)
 (If death occurred in hospital or institution, give its NAME instead of street and number)

2 FULL NAME Still Born (Sharfe)
 (a) Residence No. 2 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. New long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Single</u>	16 DATE OF DEATH Month <u>Nov</u> Day <u>26</u> Year <u>1928</u>	17 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. alive on _____, 19____, and that death occurred on the date stated above at _____ mo. The CAUSE OF DEATH* was as follows: <u>Still born</u> <u>(probably from difficult birth)</u> <u>(Breach)</u>
6a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? (Signed) <u>W. H. Goodman, M. D.</u> <u>Nov 26 1928</u> (Address) <u>Frankfort Ky.</u>	
6 DATE OF BIRTH <u>Nov. 26, 1928</u> (Month) (Day) (Year)			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)	
7 AGE _____ yrs. _____ mos. _____ ds. IF LESS than 1 day _____ hrs. or _____ min?			19 PLACE OF BURIAL OR REMOVAL <u>Greenhill Cemetery</u> DATE OF BURIAL <u>11-26-28</u>	
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____			20 UNDERTAKER <u>Louis Delaport</u> ADDRESS <u>Frankfort Ky</u>	
9 BIRTHPLACE (city or town) (State or country) <u>Franklin</u>				
PARENTS	10 NAME OF FATHER <u>Ollie J. Sharfe</u>			
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Franklin</u>			
	12 MAIDEN NAME OF MOTHER _____			
13 BIRTHPLACE OF MOTHER (city or town) (State or country) _____				
14 (Informant) <u>R. L. Sharpe</u> (Address) <u>Frankfort Ky.</u>				
15 Filed <u>Nov 26 1928</u> <u>Lizzie Diamond</u> Registrar				

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