

Sharfe, Margaret Ann Ransdell 1832 - 1911

FORM V. S. 1-222 U. S. 10-10-10

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

1 PLACE OF DEATH  
County Letcher  
Vol. No. Thom Hill  
Ins. Town  
City (No. ... St. ... Ward) ...

File No. 6-5269  
Registered No. 2140  
[If death occurred in a hospital or institution, give the NAME instead of street and number.]

2 FULL NAME Margaret Ann Sharfe

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PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Jan 26 1832  
(Month) (Day) (Year)

7 AGE 79 yrs. ... mos. ... ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Banckin County

PARENTS

10 NAME OF FATHER Mellian Ransdell  
11 BIRTHPLACE OF FATHER (State or country) Virginia  
12 MAIDEN NAME OF MOTHER Quilin Haskell  
13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ed Sharfe  
(Address) Thom Hill

15 Filed 9-27 1911  
Mary Ransdell REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15 1911  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20 1911, to March 24 1911, that I last saw her alive on March 24 1911, and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH\* was as follows:  
Heart Disease  
Neutral Value

Contributory Stroke  
Neurasthenia  
(Duration) yrs. ... mos. ... ds.  
(Secondary) (Duration) yrs. ... mos. ... ds.

(Signed) W. H. Mallico, M. D.  
March 27 1911 (Address) Thom Hill Ky

\*State the DISEASE CAUSING DEATH, or in deaths from VOLUNTARY 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 ... In the State ...  
of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, Do not know where  
if not at place of death  
Former or usual residence Shingley Scott Co.

19 PLACE OF BURIAL OR REMOVAL Franklin Church DATE OF BURIAL March 27 1911  
20 UNDERTAKER Ed Graham ADDRESS 212 Main St

GABGE OF DEATH in plain terms, so that it may be properly understood. See Instructions on back of certificate.