

Sharfe, Robert L 1867 - 1937

Dr. Coblin
27999

Form V. S. 2-A
COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Franklin
Vol. Pct. Holmes St
Inc. Town _____
City Frankfort, Ky. (No. _____ St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 531
Primary Registration District No. 2180
File no. _____
Registered No. 2944

2. FULL NAME Robert Lee Sharfe IF VETERAN, WHAT WAR? _____
(a) Residence, No. 512 Marshall St. St. _____ Ward _____ (if nonresident, give city or town and State)
(Usual place of abode) (Usual place of abode)
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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Married</u>			21. DATE OF DEATH <u>Nov. 14</u> , 19 <u>37</u>	
5a. If married, widowed, or divorced HUSBAND of (w) <u>Bessie Dickey</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 11</u> - <u>Nov 14</u> , 19 <u>37</u> to <u>Nov 14</u> , 19 <u>37</u> I last saw him alive on <u>Nov 14</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above, at <u>2</u> p.m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Mitral stenosis</u>		Date of onset
6. DATE OF BIRTH <u>June 17, 1867</u>						
7. AGE Years <u>70</u> Months <u>4</u> Days <u>28</u> If LESS than 1 day..... hrs. or..... min.						
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>						
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.						
10. Date deceased last worked at this occupation (month and year)				11. Total time (years) spent in this occupation		
12. BIRTHPLACE <u>Scott County, Ky.</u>				Contributory causes of importance not related to principal cause: <u>no</u>		
13. NAME <u>John Sharfe</u>				Name of operation <u>no</u> Date of _____		
14. BIRTHPLACE <u>Germany</u>				What test confirmed diagnosis? _____ Was there an autopsy? _____		
15. MAIDEN NAME <u>Margaret Randall</u>				23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>no</u> 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. <u>C</u>		
16. BIRTHPLACE <u>Scott County, Ky.</u>				Manner of injury <u>C</u>		
17. INFORMANT <u>Charles Sharfe</u> (Address) <u>Chillicothe, Ohio</u>				Nature of injury <u>C</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>Frankfort Cemetery</u> Date <u>Nov. 16</u> , 19 <u>37</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____		
19. UNDERTAKER <u>Prosser Funeral Home</u> (Address) <u>Frankfort, Ky.</u>				(Signed) <u>APM Coblin</u> M. D.		
20. FILED <u>12-2-37</u> , 19 <u>37</u> <u>Pauline Schweier</u> Registrar.				(Address) <u>Frankfort Ky</u>		

plain terms, so that it may be properly classified Exact statement of OCCUPATION is very important. See instructions on back of certificate.