

Sharfe, William 1863 - 1927

Form V. S. 1-50m-10-23-25
1 TRACE OF DEATH

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Franklin File No. 187 22579
Vot. Pct. Thorn Hill Registration District No. 5451-535 - Registered No. 585
Ino. Town..... Primary Registration District No. 2180
City..... (No..... St.,..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William Sharpe
(a) Residence. No..... St.,..... Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
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 or Married <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Oct - 1 - 1927</u> (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from <u>Jan 27 1927</u> to <u>Oct - 1 - 1927</u> that I last saw him alive on <u>Oct - 1 - 1927</u> and that death occurred on the date stated above at <u>9 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Chronic Intestinal Neoplasia</u>
6 DATE OF BIRTH <u>May 6 1863</u> (Month) (Day) (Year)	7 AGE <u>64 yrs. 4 mos. 24 ds.</u> IF LESS than 1 day..... hrs or..... min?	8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer)	9 BIRTHPLACE (city or town) (State or country) <u>Courthouse Ky</u>	18 WHERE WAS DISEASE CONTRACTED If not at place of death?..... Did an operation precede death? <u>no</u> Date of..... Was there an autopsy? <u>no</u> What test confirmed diagnosis? <u>Clinical diagnosis & findings</u> (Signed) <u>A.M. Jackson</u> , M. D. <u>Oct 1, 1927</u> (Address) <u>Frankfort Ky.</u>
10 NAME OF FATHER <u>John C. Sharpe</u>			19 PLACE OF BURIAL OR REMOVAL <u>Frankfort cemetery</u>	
11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Frankfort Ky</u>			DATE OF BURIAL <u>10-2-1927</u>	
12 MAIDEN NAME OF MOTHER <u>Margaret Randall</u>			20 UNDERTAKER <u>P. Rogers Sons Frankfort Ky</u>	
13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Frankfort Ky</u>			ADDRESS	
14 (Informant) <u>The Robert L. Sharpe</u> (Address) <u>Frankfort Ky</u>				
15 Filed <u>Oct 2, 1927</u> <u>Lizzie S. Diamond</u> Registrar				