

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1907

**1. PLACE OF DEATH**

County Richmond Registration District No. 399

Township Law Primary Registration District No. 1002

City St. Louis (No. 6259 Part 15-1002)

File No. 500  
Registered No. 500  
St. 11 Ward

**2. FULL NAME**

(a) Residence. No. 6254 E 15th St., 11 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cory Sharp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 - 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 | 11 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

10. NAME OF FATHER James F Sharp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Key

12. MAIDEN NAME OF MOTHER Mary Estes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT (Address) William B. Sharp  
6254 E 15th

15. FILED 1-31-29 M M Crowe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29 19 29

17. I HEREBY CERTIFY, That I attended deceased from 1929, 1929 to 1929, 1929, and that I last saw him alive on 1929, 1929, and that death occurred, on the date stated above, at 11 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Suicide firearm

CONTRIBUTORY (SECONDARY) 167 / 170 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF

Did an operation precede death? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Shuley M Hall, M. D.

129, 1929 (Address) Deputy Coroner

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Washinton DATE OF BURIAL Feb 1st 19 29

20. UNDERTAKER Rose Faden ADDRESS St. Louis, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

