

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

Do not use this space.

24933

1. PLACE OF DEATH

County _____ Registration District No. 791
 Township _____ Primary Registration District No. 1013
 City St Louis (No. 5931, Maple Ave) St. _____ Ward _____

File No. _____
 Registered No. 7108
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5931 Maple St., 5 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 14 1872</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>6</u>	DAYS <u>17</u>
If LESS than 1 day,hra. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Instructor 215</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Public schools</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1932</u>	
11. Total time (years) spent in this occupation <u>35</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co Mo</u>		
FATHER	13. NAME <u>Alexander Barkley Sharp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jamestown Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Mary Mason</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Independence Mo</u>	
17. INFORMANT <u>Elizabeth Bm Sharp</u> (ADDRESS) <u>5931 Maple</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>Aug 2 1932</u>		
19. UNDERTAKER <u>Alexander and Sons</u> (ADDRESS) <u>617 5th Delmar</u>		
20. FILED <u>AUG -1 1932</u> <u>Max E. Barkley</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1932

22. I HEREBY CERTIFY, That I attended deceased from June 30 1932 to July 31 1932
 I first saw her alive on July 31 1932 Death is said to have occurred on the date stated above, at 6:30 am.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic Date of onset 1920
102 93
 Other contributory causes of importance:
Hypertension 1

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Snow White industry
 (Signed) W. W. Henderson M. D.
 (Address) 4500 Olive St

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Dr John W. Alexander