

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.

NOV 29 1932

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

Do not use this space.

34526

1. PLACE OF DEATH
107 County St. Louis Registration District No. 868
Township Shermans Primary Registration District No. 6149 File No. 36
City (No.) St. (Ward) Registered No. _____

2. FULL NAME America Catherine Sharp
(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 F. M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of Henry Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85- 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wif.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama 2

13. NAME Nadum Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Eliza Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Will Sharp
Lecky, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paterson DATE Oct 25 1932

19. UNDERTAKER (ADDRESS) Geo. W. Schubert & Co.
Salon Mo.

20. FILED 10-25 1932 Ray A. Huns
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1932 to Nov 24 1932
I last saw him alive on Nov 24 1932. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset _____

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Other contributory causes of importance: _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) R. E. Smith, M. D.
(Address) Lecky, Mo.

