

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City Overland (No. 9728)

Registration District No. 789  
Primary Registration District No. 6033B  
St. Midland Ward 000

File No. 13008  
Registered No. 13008

**2. FULL NAME**

(a) Residence, No. 9728-Midland St., Midland Ward 000  
(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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Sharpe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 15-1858</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>4</u>
	DAYS <u>8</u>	If LESS than 1 day, ..... hrs. or ..... min. <u>7</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>	
	10. Date deceased last worked at this occupation (month and year) <u>8/32</u>	11. Total time (years) spent in this occupation <u>55</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Haven, Ind.</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Oliver N. Sharpe, 9728-Midland Overland, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Free Joe Cem.</u> DATE <u>1-26-33</u>		
19. UNDERTAKER (ADDRESS) <u>Baronius Bros, Overland, Mo</u>		
20. FILED <u>1-26-</u> 19 <u>33</u> <u>Joela Bray M.D.</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23-1933

I HEREBY CERTIFY That I attended deceased from Jan 19 1933 to Jan 23 1933  
I last saw her alive on Jan 23 1933 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia Right sided Date of onset 8/20  
8/20  
11/15 8/20

Other contributory causes of importance  
Chromal Hypostatic  
Pneumonia

Name of operation none Date of Chromal  
What test confirmed diagnosis? Chromal 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? No  
If so, specify Paul R. Whitener, M. D.  
(Signed) Paul R. Whitener  
(Address) 2573 Washn Overland Mo

N. B.—Every item on this CAUSE OF DEATH in plain terms, so that it may be understood by all.

