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.

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

Do not use this space.

29740

File No. 366

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Research Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Mary Scharp

(a) Residence, No. 4443 Virginia 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carl Scharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1896

7. AGE: Years 37; Months; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry
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) Higginsville Mo.

FATHER

13. NAME Robert Ray
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Maggie McDonold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Robert H. Ray Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE Sept 16, 1933

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 N. Linwood

20. FILED 9-16, 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 33, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933, to Sept 14, 1933

I last saw her alive on Sept 14, 1933. Death is said to have occurred on the date stated above, at 4:30 A. m.

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

(1) Pneumonia Lobar (Post Operative) — Date of onset Sept 10 33
(2) Blood Cultures Positive
(3) Intra Peritoneal Hemorrhage
(4) Intestine Perforation
(5) Ambulatory Uremia

Other contributory causes of importance:

Name of operation Date of Sept 9 33

What test confirmed diagnosis? Cult. Was there an autopsy? No

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
(Signed) Henry Pearl M. D.
(Address) 900 Rialto Bldg

Maintenance Bldg. 11-12 are [illegible]

Rialto [illegible] 2-4