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

Do not use this space. 42223-78

File No. 791
Registered No. 191

1. PLACE OF DEATH
County ..... Registration District No. 1003
Township ..... Primary Registration District No. ..... File No. ..... Registered No. 191
City St. Louis Mo (No. 2945-Lawton City Hosp. #2 St. ..... Ward)

2. FULL NAME Clara Sharp
(a) Residence, No. 2236-Washington Ward. 21
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-2-1906

7. AGE: Years 27 | Months — | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory-Worker
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) Ala

FATHER
13. NAME Elijah Pearson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Milly Griffin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) City Hosp. #2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE 12-22 1933

19. UNDERTAKER Walter Richter
(ADDRESS) 3500 Bufaw St.

20. FILED ....., 19.... J. B. Riedel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-1-, 1933, to 12-10-, 1933
I last saw h. alive on 12-10-, 1933. Death is said to have occurred on the date stated above, at 7.05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-1-33

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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) Henry C. Hampton, M. D.
(Address) City Hosp. #2

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.

THIS IS A PERMANENT RECORD

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