

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.

Do not use this space.

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

34410

Sharkley

1. PLACE OF DEATH 1933 Registration District No. 791
 County..... Primary Registration District No. 1003
 Township.....
 City St. Louis, Mo. (No. 5800 Arsenal City Inf.) Registered No. 8847
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 67 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5-1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 2 16
 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. —
 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) Ohio
 FATHER
 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT E. M. Mottley
 (ADDRESS) 5800 Arsenal St.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Matthew DATE Oct 22 1933
 19. UNDERTAKER Shelby Funeral Home
 (ADDRESS) 43 1/2 E. 12th St.
 20. FILED 22 1935 1935
Oct 22 1935
J. Brebeck
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1935
 22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1933 to Oct 21 1935
 I last saw him alive on Oct 21 1935 Death is said to have occurred on the date stated above, at 7:35 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
 Date of onset
 Other contributory causes of importance: 93
Senile dementia
 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) Smith, C. G. M. D.
 (Address) St. Louis Hospital
St. Louis, Mo.

