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

SEP 29 1936

Do not use this space.

31174

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 5715 Brooklyn St. 3973 Ward)

2. FULL NAME Judith Mathis Sharratt

(a) Residence, No. 5715 Brooklyn Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe

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 Carlton h Sharratt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch-12-1888

7. AGE — YEARS 48 — MONTHS 5 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Philadelphia Penn

FATHER

13. NAME Amos Edwards

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

MOTHER

15. MAIDEN NAME Sarah Cross Keys

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT (ADDRESS) Carlton h Sharratt 5715 Brooklyn

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug-27 1936

19. UNDERTAKER (ADDRESS) W. W. McWilliams Sons Kansas City Mo.

20. FILED 8-26 1936 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1936 to Aug 25, 1936

I last saw her alive on Aug 25, 1936 Death is said to have occurred on the date stated above, at 6:50 p.m.

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

	Date of onset
Pyo-Nephritis	4/36
134	

Other contributory causes of importance:

Renal Calculi R. Kidney	
Haemorrhage of Kidneys	4/36

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic 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) Fred H. Evans, M. D.

(Address) 804 Argyle

130 - 430 pm.