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.

DEC 3 1936

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

Do not use this space.

42828

File No.
Registered No. 11385

1. PLACE OF DEATH

County
Township
City St Louis, Mo. (No. City Hospital #2. St. 8th Ward)

Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Emmett Sharkey

(a) Residence, No. 1629.S.2nd, St., 8 th Ward. 23
(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: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14th, 1900

7. AGE: Years 36 | Months 3 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: #11024. W.P.A.Projects,

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): Miss.

FATHER

13. NAME: Elijah Sharkey,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER

15. MAIDEN NAME: Feba Williams,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

17. INFORMANT (ADDRESS): #1629.S.2nd, Street .St Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 11/17th 1936

19. UNDERTAKER R.C.Houston, Jr.,
(ADDRESS) 2812, Thomas, St.

20. FILED NOV 16 1936 J.T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 p.m.

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

	Date of onset
Gunshot Wound of Lower Chest & Abdomen causing General Peritonitis & Laceration of Kidney	

Other contributory causes of importance:

Homicide

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

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Hom. Date of injury 11/3, 1936

Where did injury occur? St Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Public Place

Manner of injury Shot by person (gun)

Nature of injury Gunshot Wound of Chest

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.....

(Signed) [illegible], M. D.

(Address) [illegible]

11/12/36