

FEB 29 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis Registration District No. 6919 File No. 7694  
Township Brown Primary Registration District No. 6919 Registered No. 74  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Rachel Lee Sharp  
(a) Residence, No. \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Sharp</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 4 - 1904</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.	
<u>65</u>	<u>32</u>	<u>11</u>	<u>27</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>				
	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) <u>Cameron Point Missouri</u>					
FATHER	13. NAME <u>John R. Anderson</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cameron Point Missouri</u>				
MOTHER	15. MAIDEN NAME <u>Virginia Carter</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beckham Co. Missouri</u>				
17. INFORMANT (ADDRESS) <u>Henry Sharp Cameron Point Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cameron Point</u> DATE <u>Feb 2nd 1937</u>					
19. UNDERTAKER (ADDRESS) <u>Julian Davis Deaton, Mo.</u>					
20. FILED <u>Feb 3 - 1937</u> <u>P. R. Hull</u> Registrar.					

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 1<sup>st</sup> 193722. I HEREBY CERTIFY, that I attended deceased from Feb. 1<sup>st</sup> 1937, to Feb. 1<sup>st</sup> 1937.I last saw her alive on Feb. 1<sup>st</sup> 1937. Death is saidto have occurred on the date stated above, at 11:50 a.m.

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

Angine Pectoris Date of onset 2-1-37

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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) S. A. Deaton, M. D.(Address) Deaton Mo

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.

RECEIVED

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