

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

Do not use this space.

12751

96

1. PLACE OF DEATH

County Cole
Township
City Jefferson (No.)

Registration District No. 213
Primary Registration District No. 3014

File No.
Registered No.
St. Ward)

2. FULL NAME Mrs. Sarah Elizabeth Schooling

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W. E. Schooling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-31-1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	2	8	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Corder, Missouri
(STATE OR COUNTRY)

FATHER 13. NAME John E. Cross

FATHER 14. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Narcissa Pemberton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Hickman Mills, Ky
(STATE OR COUNTRY)

17. INFORMANT W. E. Schooling
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE River View Cem DATE April-10, 1933

19. UNDERTAKER W. G. Gordon
(ADDRESS) Jefferson City, Mo.

20. FILED 4/10/33 1933 Dr. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 32 to Apr 7 1933

I last saw him alive on Apr 7, 1933 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Carcinoma of the
omentum with metastasis
to lung

Other contributory causes of importance:

Name of operation W Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) Dr. Bradford, M. D.

(Address) Jefferson City, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 24 1933

