MAY 22 1936

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

Do not use this space.

16036

1. PLACE OF DEATH
County Mercer — Registration District No. 556 — File No.
Township ~~Morgan~~ — Primary Registration District No. 4328 — Registered No. 29
City Princeton (No. ..., ... St. ..... Ward)

2. FULL NAME Sarah E. White
(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 F.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jim White
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29 - 1869
7. AGE YEARS 66 MONTHS 5 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mercer Co. Mo

FATHER
13. NAME Alex Campbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Martha Burris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Jim White Princeton Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Princeton DATE April 11 1936
19. UNDERTAKER (ADDRESS) Noel Moss Princeton Mo
20. FILED 4/10 1936 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from March 15, 1936, to Apr 9, 1936
I last saw her alive on Apr 9, 1936. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver Primary	3/1/30
Other contributory causes of importance: Pneumonia rt lower lobe. Lobar pneumonia	4/6-36 3 days

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys & lab 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) A S Bristow, M. D.
4/10-36 (Address) Princeton, 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.