DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH
County: Clark
Township: Sweet Home
City: ..... (No. ..... St. ..... Ward)

Registration District No. 192
Primary Registration District No. 5267

File No. 40700
Registered No. .....

2. FULL NAME: Sarah Catharine Hendrow

(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: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)~~: Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: David Hendrow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 14-1845

7. AGE: Years 91 | Months 7 | Days ..... | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House work
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

PARENTS

10. NAME OF FATHER: Charles Lambert
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Phoebe Westerfield
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Mrs. Ida Bowden
(Address): Revere Mo.

15. FILED: Nov 15 36, 19 ..... J. L. McConnell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 14 1936

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1936, to Nov 14, 1936, that I last saw her alive on Nov 13, 1936, and that death occurred, on the date stated above, at 10 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncial Pneumonia
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. L. McConnell, M. D
, 19 (Address) Revere Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF ~~BURIAL, CREMATION, OR~~ REMOVAL: Sandusky Iowa
DATE OF BURIAL: Nov 16 1936

20. UNDERTAKER: G. W. Epperhart
ADDRESS: Revere Mo.