MAR 18 1937

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

Do not use this space.

5804

1. PLACE OF DEATH
County Franklin — Registration District No. 293 — File No.
Township Boles — Primary Registration District No. 4177 — Registered No.
City Pacific (No. , St. Ward)

2. FULL NAME SARAH LIGHT

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Light

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1865

7. AGE: 35

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	0	15	

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. Own home
10. Date deceased last worked at this occupation (month and year) Jan. 1936
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME George Russell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Sophia Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Walter L. Light, Pacific, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dixon, Mo. DATE 2/24/37 19

19. UNDERTAKER (ADDRESS) Thiebes Funeral Home, Pacific, Mo.

20. FILED 2-23-1937 G. E. Gross, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936 to Feb 22, 1937
I last saw her alive on Feb 22, 1937. Death is said to have occurred on the date stated above, at 1:45 AM
The principal cause of death and related causes of importance were as follows:

Cancer of Liver

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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?
If so, specify
(Signed) W. H. Hemsler, M. D.
(Address) Pacific 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.