SEP 21 1937

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

Do not use this space.

31223

1. PLACE OF DEATH
County Mercer — Registration District No. 556 — File No.
Township Morgan — Primary Registration District No. 5750 — Registered No. 52
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Sarah King
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lewis King

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 14 1849

7. AGE: 87 YEARS ~~87~~ MONTHS 9 DAYS 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Homekeeper
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 Princeton Mo

FATHER
13. NAME: Lebon Curtis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co Mo

MOTHER
15. MAIDEN NAME: Sarah Ballew
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Mo

17. INFORMANT (ADDRESS): Dick King Princeton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: King Cem DATE: Aug 30, 1937

19. UNDERTAKER (ADDRESS): Martin Funeral Home Princeton

20. FILED: 9-29, 1937 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to Aug 28, 1937
I last saw her alive on Aug 28, 1937 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia poisoning	Aug 27

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Other contributory causes of importance: Chronic Interstitial Nephritis & Senility 1936

Name of operation: none Date of: —
What test confirmed diagnosis? Phys. 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) J Lewis, M. D.
9-25-37 (Address) Princeton 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.