

NOV 7 1939

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

36664  
Do not use this space.

1. PLACE OF DEATH

(a) County Merces Registration District No. 556  
 (b) Township Princeton Primary Registration District No. 4028  
 (c) City Princeton (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Sarah L. Hutchinson  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF O. S. Hutchinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 8 4

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid  
 9. Industry or business in which work was done, as saw mill, bank, etc. 1  
 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) Laurie Mo Ky

13. NAME M. L. Robinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurie Mo Ky

15. MAIDEN NAME Leahita Leister

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurie Mo Ky

17. INFORMANT (ADDRESS) Wm Robinson Princeton

18. BURIAL, CREMATION, OR REMOVAL PLACE Hammer Hill near Princeton DATE Oct 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Marion Turner Wood Princeton

20. FILED 10-4 1939 J M Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1939 to Oct. 3, 1939

I last saw her alive on Oct. 2, 1939 Death is said to have occurred on the date stated above, at 6 p. m.

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

Carcinoma left breast, with extensive metastases to mediastinum and the left lung in self.

Date of onset

5 yrs

Other contributory causes of importance: Exhaustion.

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Phys, lab and X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Signature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_

(Signed) A. S. Bristow, A. S. Bristow

(Address) Bristow Bldg., 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.

1 X14028

RECEIVED

District Health Officer No. 11,

District File Number 1129-1413

Date Filed NOV 3 1951

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

H. Juan Martin

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed H. Juan Martin

Licensed Embalmer No. 3760

P. O. Address Princeton MD

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**