

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

Do not use this space.

15378

1. PLACE OF DEATH U.S.V.H #67

County Jackson
Township Law
City Kansas City, Mo. (No. U.S. Veterans Hosp.)

Registration District No. 599
Primary Registration District No. 1002

File No. 1002
Registered No. 1002
St. Word

2. FULL NAME Sargent, Sam Earl

(a) Residence No. 548 Main, Kansas City, Mo. St. 1 Ward C-None
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna B Sargent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 31, 1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 3 29 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Sign Painter
(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) Missouri

10. NAME OF FATHER W.B. Sargent

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Barbara E Rogers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Records (Address) U.S. Veterans Hosp

15. FILED 5/31 1927 M. M. Crown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 19 27

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1927, to May 29, 1927, that I last saw him alive on May 28, 1927 and that death occurred, on the date stated above, at 2:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Pulmonary, chr. far adv.

CONTRIBUTOR (SECONDARY) Unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray & Physical Exam (Signed) Henry A. Dykes M.D.

Henry A. Dykes, Medical Officer in Charge (U.S.V.H. #67 Kansas City, 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 Donaha St DATE OF BURIAL May 31 1927

20. UNDERTAKER H. Bergman ADDRESS City

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.

