

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

Do not use this space.

SEP 23 1927

24630

1. PLACE OF DEATH

County Jasper
Township Carthage
City Carthage

Registration District No. 408
Primary Registration District No. 3020

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

John Albert Sargent

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 Melva Sargent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
57 - 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Jonathan Sargent

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

12. MAIDEN NAME OF MOTHER Mary Watkins

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

14. INFORMANT Mrs. Melva Sargent
(Address) Carthage, Mo.

15. FILED Aug 5, 1927 L. B. Blinton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1927

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1927, to Aug 4, 1927
that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarcity of Stomach
116 Bond Street Carthage Mo.
516
1871 (duration) yrs. mos. da.

CONTRIBUTORY Wanna
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 44 W
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) W. J. S., M. D.

, 19 (Address) Carthage 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 DATE OF BURIAL

Paul Cemetery Aug 6 1927

20. UNDERTAKER ADDRESS

Knell Mortuary Carthage

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.

