AN 21 1929

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

Do not use this space.

39369

1. PLACE OF DEATH
County Nd Barton
Township Nashville
City ..... (No. ..... St. ..... Ward)

Registration District No. 46
Primary Registration District No. 5069

File No. .....
Registered No. 6

2. FULL NAME C. T. Sargent

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	0	10	

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) .....
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Henry Sargent
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Lillie Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill

14. INFORMANT Mrs. Maggie Sargent
(Address) Liberal Mo

15. FILED 12/10 1928 Gladys Overman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-8 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-2, 1928, to 12-2, 1928 that I last saw him alive on 12-2, 1928, and that death occurred, on the date stated above, at A. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights Disease
131
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 129A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ..... ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. H. McKelvey, M. D
, 19 (Address) Asbury 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: Pierce Cem
DATE OF BURIAL: 1928

20. UNDERTAKER: Chas. J. Teeter
ADDRESS: Jasper 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH. County: Barton. Registration District No.: 46. File No.:
Township: Nashville. Primary Registration District No.: 5069. Registered No.: 6
City: (No.: , St.: Ward:)

2. FULL NAME: C. T. Sargent

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or WIFE of)~~ Maggie Sargent.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	0	10	

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) (STATE OR COUNTRY): Illinois

PARENTS
10. NAME OF FATHER: Henry Sargent
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England.
12. MAIDEN NAME OF MOTHER: Eddie Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: Mrs Maggie Sargent
(Address): Liberal Mo RD.

15. FILED 12/10 1928 Gladys Overman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-8-1928

17. I HEREBY CERTIFY, That I attended deceased from 10/2 1928 to 12-2 1928 that I last saw h. living alive on 12-2 1928 and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Brights Disease.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. A. McKelvey, M. D
, 19 (Address) Asbury 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
Pierce Cemetery	12-10 1928
20. UNDERTAKER	**ADDRESS**
Chas J. Fleter	Jasper Mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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