

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

Do not use this space.

9661

1. PLACE OF DEATH

County Howard.
Township
City Fayette, (No., Ward)

Registration District No. 378
Primary Registration District No. 4222

File No.
Registered No. 32 St. Ward)

2. FULL NAME Howard Lee Holly 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 Male, 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/24 / 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 29 2 23.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Missouri.

13. NAME James S. Sargent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary E. Snapp.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT James S. Sargent
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Montrose (Montrose) 3/18/31 19.

19. UNDERTAKER Guy T. Halloy.
(ADDRESS) Fayette, Mo.

20. FILED 4/10 1931 J. C. Bonham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/16/31 1931

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1931, to March 16, 1931.
I last saw him alive on March 16, 1931. Death is said to have occurred on the date stated above, at 12:10 m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis Date of onset 3-13-31
12:10/21
12:09/21
Other contributory causes of importance: acute appendicitis 3-12-31

Name of operation appendectomy Date of 3-13-31
What test confirmed diagnosis? none 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 (1)

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. Bloom, M. D.
(Address) Fayette 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.

APR 23 1931

WHITE PAPER, WITH IMPENDING INFORMATION—THIS IS A PERMANENT RECORD

Miss
+ Mrs