

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

Do not use this space.

24386

1. PLACE OF DEATH

County..... Registration District No. *1003*
 Township..... Primary Registration District No. *1003*
 City St. Louis, Mo. (No. 2313 S, 18th Street) St. _____ Ward)

2. FULL NAME Rosetta Sargent
 (a) Residence, No. 2313 S. 18th Street St. M 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Sargent
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 26, 1860
 7. AGE YEARS 72 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) White Hall Illinois

MOTHER 13. NAME (Unknown) Orten

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

15. MAIDEN NAME ii

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

17. INFORMANT Pearl Gible (ADDRESS) 2313 S. 18th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE New t. Marcus DATE July 18 19 32

19. UNDERTAKER Wick Bros (ADDRESS) 2201 S. Grand Boulevard

20. FILED 11 15 1932 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1928, to July 14 1932
 I last saw her alive on July 14 1932. Death is said to have occurred on the date stated above, at 6:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Date of onset
Myocarditis ch. 121 1928
Relapsing Ch. Int. age 1931
Arteriosclerosis 121 1928
 Other contributory causes of importance: ii

Name of operation..... Date of.....
 What test confirmed diagnosis? Cholera 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.....

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

(Signed) W.H. Shackelford, M. D.
 (Address) 3903 Olive

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.

RECORD WITH CONFAD G INK—THIS IS A PERMANENT RECORD

