

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Jasper
City Joplin, Mo. (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. 26754
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 626 N. Pearl 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16-1861

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
72 16 16

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wool Sale

10. Date deceased last worked at this occupation (month and year) Aug 1913 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huttenberg Iowa

13. NAME John D. Sargeant

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

15. MAIDEN NAME Plumard Richards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 2020 Joplin Mo

17. INFORMANT (ADDRESS) Mrs Olive Sargeant 626 N. Pearl

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Hope Aug 5 1933

19. UNDERTAKER (ADDRESS) Frank Siggers Joplin Mo

20. FILED 8 5 1933 Ed Jorman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1933, to Aug 4 1933. I last saw him alive on Aug 1 1933. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolus
9/4/33
9/4/33
Other contributory causes of importance:
Thrombotic embolism of coronary arteries

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) W. J. Jagan M.D.

(Address) Joplin Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 26 1933

