

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.

WHILE FILLING IN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

25 1935

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

Do not use this space.

20529

1. PLACE OF DEATH
 County Newport Registration District No. 611
 Township Sargea Primary Registration District No. 4365
 City Sargea (No.) St. Ward

2. FULL NAME Robert Richard Sargea
 (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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 19

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 3 25

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

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) Iowa

13. NAME Herum Sargea

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

15. MAIDEN NAME Alice Wallace

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

17. INFORMANT (ADDRESS) Francis Sargea

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sargea DATE June 20, 1935

19. UNDERTAKER (ADDRESS) Wagoner & Maltby

20. FILED Jul 1, 1935 Merle Spaulin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6 - 1, 1935 to 6 - 21, 1935
 I last saw him alive on 6 - 21, 1935 Death is said to have occurred on the date stated above, at 5:09 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic interstitial Nephritis Date of onset

Other contributory causes of importance: Myocardial (obscure)

Name of operation None Date of
 What test confirmed diagnosis? Was there an autopsy? W

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? W
 If so, specify
 (Signed) W. E. Garrison, M. D.
 (Address) Sargea Mo

