

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

Do not use this space.

38463

JAN 13 1936

1. PLACE OF DEATH
 3 County Andrew Registration District No. 13
 5 Townshp. _____ Primary Registration District No. 4010
 2 City Savannah (No. _____ St. _____ Ward _____)

2. FULL NAME Mary Jane 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) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1851

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
84 4 27

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

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) West mach. Co Penn

13. NAME John Fritchman

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

15. MAIDEN NAME Susan Linn

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

17. INFORMANT Fred. Fritchman (ADDRESS) Savannah mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Savannah DATE 12-18 1935

19. UNDERTAKER E. G. Breit (ADDRESS) Savannah mo

20. FILED 12-18 1935 Mrs. A. R. Stine Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1935, to Dec 16 1935.
 Last saw her alive on Dec 16 1935. Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis (Date of onset and time)
131
 Other contributory causes of importance:
Nephritis Mycotic (Date of onset and time)

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 none
 Nature of injury _____

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

(Signed) J. C. Hooper, M. D.
 (Address) Savannah, 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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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