

NOV 18 1937 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

Jackson  
County..... Kaw  
Township.....  
City..... Kansas City, Mo. (No. 202 S. Jackson

Registration District No. 399  
Primary Registration District No. 1002

36623  
File No. 2050  
Registered No. 2050  
St. .... Ward)

2. FULL NAME Mrs. Sarah Robinson Sargent

(a) Residence, No. 202 S. Jackson 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1850

7. AGE YEARS 86 MONTHS 11 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
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)..... Ky (STATE OR COUNTRY)

FATHER  
13. NAME Wm. Wamsley, Ky

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Geo. Turner, (ADDRESS) 202 S. Jackson, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Ill DATE Oct. 8-37 19

19. UNDERTAKER C. H. Blackman & Son, Inc. (ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED Oct 8 1937 M. M. Enos Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7-37 19

22. I HEREBY CERTIFY, That I attended deceased from June 5, 37, to Oct 7, 1937. Last saw her alive on Oct 6, 37. Death is said to have occurred on the date stated above, at 5 AM.

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

Myocardial Degeneration 6/37

930

Other contributory causes of importance:

Senility

Name of operation..... Date of.....

What test confirmed diagnosis? Signs 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) Dr. W. H. R. M. D.

(Address) 1107 Bryant Blvd K. 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.

Down & Crossing Beyond Ridge