DEC 20 1937

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

Do not use this space.

40310

1. PLACE OF DEATH

County: Jackson. Registration District No.: 399

Township: Kaw. Primary Registration District No.: 1002

City: Kansas City, Mo. (No. 4409 Independence, Avenue. K.C.Mo. St. ..... Ward)

File No.: 4004

Registered No.:

2. FULL NAME: Val F. Sargent.

(a) Residence, No.: 4409 Indep Ave St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 28, 1888

7. AGE: Years 49 | Months 3 | 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.: Adjustment, Mgr.,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Jones Store.

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): Kansas.

FATHER

13. NAME: No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record

MOTHER

15. MAIDEN NAME: No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Record.

17. INFORMANT (ADDRESS): Beulah Sargent, 4409 Indp. Ave. Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Cremation DATE: Nov. 18, 1937

19. UNDERTAKER (ADDRESS): Mrs. C.L.Forster, 918 Brooklyn Avenue, K.C.Mo.

20. FILED: Nov. 16, 1937 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1937, to Nov 16th, 1937

I last saw h. alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at 4:55 A.M.

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

	Date of onset
Hypertensive Heart Disease	

Other contributory causes of importance:

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

What test confirmed diagnosis? Physical 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) George C. Lee, M. D.

(Address) 730 Professional Bldg K.C.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.

Professional Bldg.