

DEC 28 1937

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

Do not use this space.

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42497

1. PLACE OF DEATH

County Saint Louis
Township Carondelet
City Jefferson-Barracks (No. U.A.F.)

Registration District No. 1123
Primary Registration District No. 6248 B

File No. _____
Registered No. 491
St. _____ Ward _____

2. FULL NAME Clarence SARGENT

(a) Residence, No. 1242a East Broadway St. _____ Ward East Saint Louis, Illinois
(Usual place of abode) Unkn. (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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Bessie Sargent</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17, 1893</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>44</u>	<u>6</u>	<u>27</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>-</u>			
	10. Date deceased last worked at this occupation (month and year) <u>-</u>		11. Total time (years) spent in this occupation <u>-</u>	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tombark Kentucky</u>
	13. NAME <u>Unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>-</u>

FATHER	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>-</u>
17. INFORMANT <u>Clinical Med. Schiller</u> <u>VAF Jefferson Barracks, Missouri</u>	

18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Dale Cem</u> DATE <u>Dec. 17 1937</u>	
19. UNDERTAKER <u>Chas J. Gates</u> (ADDRESS) <u>4107 G. inney Ave</u>	
20. FILED <u>Dec. 15 1937</u> <u>H. J. Mowry</u> <u>Public Health Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 14 1937

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1937, to December 14, 1937

I last saw him alive on December 14, 1937. Death is said to have occurred on the date stated above, at 10:50 AM.

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

<u>Ectodermogenic Neurosyphilis, severe</u>	Date of onset <u>Unkn.</u>
<u>General Paresis of the insane (Paresis)</u>	<u>Unkn.</u>

Other contributory causes of importance:
None

Name of physician None
Date of operation None
Phys. clinical manif. and laboratory tests confirmed diagnosis? NO
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 cutt dashes

(Signed) C. V. HUGHES, Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, 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.

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