

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.

NOV 13 1934

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

Do not use this space.

38282

1. PLACE OF DEATH

County Texas
Township Spurlock
City Richland (No.)

Registration District No. 568
Primary Registration District No. 6149

File No.
Registered No. 36
St. Ward

2. FULL NAME

Ruth Athelia Sargeant

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 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 Samuel Sargeant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1877

7. AGE YEARS 63 MONTHS 4 DAYS 12 If LESS than 1 day, hrs. or min.

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

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) June 3 1934 11. Total time (years) spent in this occupation 59

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) May 22 1877 Mo.

13. NAME Sam Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Tenn.

15. MAIDEN NAME Sarah Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Tenn.

17. INFORMANT Lura Barnes (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Spurlock DATE 10-5-34

19. UNDERTAKER Smith & Ferguson (ADDRESS)

20. FILED 10/14 1934 R. K. Reed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1934 to Oct 4 1934. I last saw her alive on Oct 4 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows: Diabetes mellitus Date of onset June 19 30

Other contributory causes of importance: 59

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) R. K. Reed, M. D. (Address) Richland, Mo.

