

1 PLACE OF DEATH  
County Ben  
Township Vernonville  
Village 11  
City 11

# MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

## TRANSCRIPT OF CERTIFICATE OF DEATH—LOCAL REGISTER

Registered No. 2

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Mary Jane Sargent

(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 non-resident give city or town and state)

| PERSONAL AND STATISTICAL PARTICULARS   |                              |   |      |   |
|--|------------------------------|---|------|---|
| 3 SEX<br><u>F</u>  | 4 Color or Race<br><u>W.</u> | 5 Single, Married, Widowed or Divorced (Write the word)<br><u>Widow</u> |      |   |
| 5a If married, widowed or divorced<br>HUSBAND of (or) WIFE of <u>Oscar Sargent</u> |                              |   |      |   |
| 6 DATE OF BIRTH (Month, day and year)<br><u>1846-2-22</u>                          |                              |   |      |   |
| 7 AGE<br><u>83</u>   | Years                        | Months  | Days | If LESS than<br>1 day _____ hrs.<br>OR _____ min. |

8 OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work housewife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer.

9 BIRTHPLACE (city or town) (state or country) Main

PARENTS  
10 NAME OF FATHER Elmer Wade  
11 BIRTHPLACE OF FATHER (city or town) (state or country) Main  
12 MAIDEN NAME OF MOTHER Sargent  
13 BIRTHPLACE OF MOTHER (city or town) (state or country) Main

14 Informant W. A. S. S. S. S.  
(Address) Vernonville, Mo.

15 Filed 3/2, 1929 B. H. Larch  
Registrar.

16 DATE OF DEATH (Month, day and year) 1 2/22/29 19

17 I HEREBY CERTIFY, That I attended deceased from 12/20, 1928, to 2/26, 1929  
that I last saw him alive on 2/22, 1929, and that death occurred on the date stated above at 6 m.

The CAUSE OF DEATH\* was as follows:  
Stroke apoplexy

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) etc  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 Where was disease contracted  
If not at place of death?

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?  
(Signed) W. A. S. S. S. M. D.  
2/23, 1929, Address Vernonville

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Portland Main  
2 UNDERTAKER B. B. Ross  
Address at Vernonville

Date of Burial

2/23 1929

Address

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING

Form 93a—9-5-21—1000 Books—100 pages.

255