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DISTRICT No. 3701 REGISTRAR'S No. 2702

Form 5 131a

MARGIN RESERVED FOR BINDING — WRITE PLAINLY WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD

Read Instructions on Back

VITAL STATISTICS

1. FULL NAME: JAMES EDWARD SARGENT

2. PLACE OF DEATH: (A) COUNTY: San Diego
(B) CITY OR TOWN (If outside city or town limits, write RURAL): San Diego
(C) NAME OF HOSPITAL OR INSTITUTION: 2435 "C" Street
(If not in hospital or institution, give street number or location)
(D) LENGTH OF STAY: (Specify whether years, months or days) In Hospital or Institution: ---
In this community: 6 yrs In California: 6 yrs
(E) If foreign born, how long in the U. S. A.: life years

3. USUAL RESIDENCE OF DECEASED:
(A) STATE: California
(B) COUNTY: San Diego
(C) CITY OR TOWN (If outside city or town limits, write RURAL): San Diego
(D) STREET NO.: 2435 "C" Street

20. DATE OF DEATH: MONTH: November DAY: 26 YEAR: 1945 HOUR: 12 MINUTE: 7 am

3. (F) IF VETERAN, NAME OF WAR: no
3. (F) SOCIAL SECURITY NO.: none

4. SEX: male
5. COLOR OR RACE: white
6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED: married
6. (B) NAME OF HUSBAND OR WIFE: Pearl H. Sargent
6. (C) AGE OF HUSBAND OR WIFE IF ALIVE: 63 years

7. BIRTHDATE OF DECEASED: December 6, 1872 (Month, Day, Year)

8. AGE: 72 Yrs 11 Mos 20 Days; If less than one day old: Hrs Min

9. BIRTHPLACE: Searsport, Maine
10. USUAL OCCUPATION: Retired Rancher
11. INDUSTRY OR BUSINESS: Ranch
FATHER 12. NAME: Leander Sargent
13. BIRTHPLACE: Maine
MOTHER 14. MAIDEN NAME: Mary Cunningham
15. BIRTHPLACE: Maine
16. (A) INFORMANT: Pearl H. Sargent
(B) ADDRESS: 2435 C Street

17. (A) Burial (Burial, cremation or removal) (B) DATE: 11-28-45
(C) PLACE: Mt Hope Cemetery
18. (A) EMBALMER'S SIGNATURE: H W Merkley LICENSE No. 116
(B) FUNERAL DIRECTOR: Merkley-Austin Mortuary
ADDRESS: 3655 Fifth Avenue
BY: R Wurman

19. (A) 11-27-45 DATE FILED (B) Alex M. Lesem M.D. REGISTRAR'S SIGNATURE

21. MEDICAL CERTIFICATE
I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED FROM ______ 19__ TO ______ 19__ THAT I LAST SAW H__ ALIVE ON ______ 19__ AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.

22. CORONER'S CERTIFICATE
I HEREBY CERTIFY, THAT I HELD AN autopsy (AUTOPSY, INQUEST OR INVESTIGATION) ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO H is DEATH ON THE DATE AND HOUR STATED ABOVE.

IMMEDIATE CAUSE OF DEATH: Cardio-Vascular Renal disease
DUE TO: Elliott G Colby M.D 26 Nov 45
DUE TO: (Autopsy Surgeon)
OTHER CONDITIONS (Include pregnancy within three months of death):
MAJOR FINDINGS: OF OPERATIONS: DATE OF OPERATION:
OF AUTOPSY:

DURATION

PHYSICIAN: UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
(A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY
(C) WHERE DID INJURY OCCUR? (City or town, County, State)
(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? (Specify type of place) WHILE AT WORK?
(E) MEANS OF INJURY

24. CORONER'S OR ~~PHYSICIAN'S~~ SIGNATURE (Specify which): CHESTER D. GUNN By Clare E. Board Dep
ADDRESS: San Diego, Calif DATE: 11/27/45

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF DEATH

U. S. DEPT. OF COMMERCE
BUREAU OF THE CENSUS

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This is to certify that, if bearing the Official Seal of the San Diego County Recorder, this is a true and correct copy of the original record filed in this office. Attest

APR 5 1963 19

A. S. GRAY, County Recorder, in and for the County of San Diego, State of California.

By [signature] Deputy Recorder