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

Do not use this space.

16984

File No. .....

Registered No. 209

1. PLACE OF DEATH

County: Jackson — Registration District No.: 398

Township: Blue — Primary Registration District No.: 3019

City: Independence (No. ..... Ward) Sanitarium — St. .....

2. FULL NAME: Rose Marie Nugent

(a) Residence. No. 2408 Pine S. Eng. Park. Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: yrs. 10 mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7/10, 1927

7. AGE: Years 0 | Months 10 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): So. Eng Wood Park Mo.

PARENTS

10. NAME OF FATHER: Mathews C. Nugent

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Alexandria La.

12. MAIDEN NAME OF MOTHER: Rose Windsor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lake Chas. La.

14. INFORMANT: Mathew Nugent
(Address) 2408 Pine S. Eng. Park

15. FILED May 29, 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): May 26 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-1-6, 1928, to 5-26, 1928, that I last saw h. alive on 5-25, 1928, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastroenteritis
120B 113B
158 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY): Malnutrition
(duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2408 Pine Indep Mo.

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) George McPeak, M. D.

5-26, 1928 (Address) Englewood Mo

*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: Mt. Washington Cem. — DATE OF BURIAL: 5/28 1928

20. UNDERTAKER: Carson & Son. — ADDRESS: Independence

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.