

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

Do not use this space.

22643

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **5003**

City **St. Louis** (No. **29**)

Ward **Westmoreland**

File No. **16877**
Registered No.
Ward)

2. FULL NAME

(a) Residence, No. **29 Westmoreland St.** Ward.

(Usual place of abode)

(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

Female

4. COLOR OR RACE

White

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

Widowed

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

Byron Nugent

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

Sept 6-1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

76

9

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of work

At Home

(b) General nature of industry,
business, or establishment in
which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

**Minna
New York**

10. NAME OF FATHER

Edwin P. Lake

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

12. MAIDEN NAME OF MOTHER

Mary Shaw

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

England

14.

INFORMANT

(Address)

**Ed. Nugent
29 Westmoreland St.**

15.

FILED

29 1928

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 30th 1928

17.

I HEREBY CERTIFY, That I attended deceased from **2-18**

1-18, 19**28**, to **6-30-1928**
that I last saw him alive on **6-30-1928** and that
death occurred, on the date stated above, at **1:08 A** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

220/10/10

CONTRIBUTORY
(SECONDARY)

Cerebral Softening

cause unknown

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

A Residence

19. DID AN OPERATION PRECEDE DEATH?

no

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Paul M. Patton

M. D.

, 19

(Address) **5849 Maple St. St. Louis**

*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

DATE OF BURIAL

Bellefontaine

July 2, 1928

20. UNDERTAKER

Ch. Lupton

ADDRESS

**4449
Olive**

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.

5849 Maple Ave

