

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

Do not use this space.

1862

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 3936 Wyoming)

File No. 6  
Registered No. 455  
St. 7 Ward

**2. FULL NAME** Dora E. Nugent

(a) Residence. No. 3936 Wyoming St., 7 Ward.

(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 Daniel A. Nugent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 5 13

**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 employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leominster  
(STATE OR COUNTRY) Mass.

10. NAME OF FATHER William Mc. Meekin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Du Nugent  
(Address) 3936 Wyoming

15. FILED 129 29 M. M. Jones  
Asst REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1924, to Jan 28, 1929, that I last saw her alive on 9 AM Jan 28, 1929, and that death occurred, on the date stated above, at 10 P.M. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocarditis, chronic  
920  
97  
102 (duration) 5 yrs. mos. ds.  
CONTRIBUTORY Hypertension, arterio  
(SECONDARY) sclerosis (duration) 10 yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF BIRTH, —  
DID AN OPERATION PRECEDE DEATH? No DATE OF —  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical picture X-Rays  
(Signed) Reschthmayer, M. D.

179, 129 (Address) 214 Medical Arts Bldg  
\*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 Brady Maus. Wis DATE OF BURIAL 1-29 29

20. UNDERTAKER Robinson Sons & Co ADDRESS 1414 8th

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.

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