

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

Do not use this space.

23649

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1048  
 City St. Louis (No. 4019, Castlemans Ave) File No. .... Registered No. 7167  
 St. .... Ward)

**2. FULL NAME**

James W. Nugent  
 (a) Residence. No. 4019 Castlemans St. 117 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>57</u>	<u>5</u>	<u>29</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Clerk. 453  
 (b) General nature of industry, business, or establishment in which employed (or employer) Liggett + Myers, Inc.  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo. 1

10. NAME OF FATHER Michael Nugent

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

12. MAIDEN NAME OF MOTHER Margaret Ryan

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

14. INFORMANT Mrs Nellie M. Doughty  
 (Address) 4019 Castlemans Ave.

15. JUN 29 1931 Wm. C. Starbuck  
 FILED. 19 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1931

17. I HEREBY CERTIFY, That I attended deceased from April 1931 to June 1931 that I last saw him alive on June 29 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

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

Carcinoma of Kidney  
5 1/2 (duration) yrs. mos. ds.  
 CONTRIBUTORY metastasis to liver  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 5/10  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS X-Ray  
 (Signed) Henry A. Harsitt M. D.  
 , 19 (Address) 3866 Castlemans

\*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 Galvary Cemetery DATE OF BURIAL July 1 1931

20. UNDERTAKER Petty Bros 3029 Lafayette Ave  
 ADDRESS

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.

2-4 (P. 200) 7-6 (P. 13)