

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

Do not use this space.

41358

Dec 13 1934

1. PLACE OF DEATH

County..... Registration District No. 731
 Township..... Primary Registration District No. 1038
 City St. Louis (No. 5847 Maple Ave St. Ward)

File No.
 Registered No. 11344
 St. Ward)

2. FULL NAME

Lillie P. Nugent
 (a) Residence, No. 5847 Maple Ave St. 5 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James G. Nugent</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 11 - 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AT HOME</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mount Vernon Illinois</u>		
MOTHER	13. NAME <u>Charles H. Patton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Conn</u>	
	15. MAIDEN NAME <u>Charlotte Sharr</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
17. INFORMANT (ADDRESS) <u>Fred O. Nugent 5847 Maple Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine Cem 12/13/34</u>		
19. UNDERTAKER (ADDRESS) <u>C. P. Lupton & Sons 4449 Allen Street</u>		
20. FILED <u>Nov 28 1934</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7th 1934 to Nov 28 1934
 I last saw her alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 4 a m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma uterini metastases
 Date of onset 1932

Other contributory causes of importance
Asthma from metastases

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) M. Geo. Taylor, M. D.
 (Address) 5749 Raymond

Registrar.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

7-10-34

107. 50. 11

5249 Raymond

P.O. 4449

Mrs. 12-2 P.M.

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