JAN 14 1935

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

Do not use this space.

44961

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Park, Plaza St. ..... Ward)

File No. .....

Registered No. 12114

2. FULL NAME Carrie Casey Nugent

(a) Residence, No. ..... St. 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 C Nugent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1863

7. AGE YEARS 71 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date 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) Ills

FATHER

13. NAME Thomas S Casey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

MOTHER

15. MAIDEN NAME Mathilda Moran

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT (ADDRESS) Mrs Richard Kennard Park Plaza Hotel

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Dec 24 1934

19. UNDERTAKER (ADDRESS) Arthur J Donnelly U. Co 3840 Lindell B

20. FILED DEC 23 1934 J S Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 23rd, 1934, to December 22nd, 1934

I last saw her alive on December 22nd, 1934. Death is said to have occurred on the date stated above, at 11 25 am.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset several years ago

Other contributory causes of importance: Arterial Hypertension, Chronic Bronchitis & Pulmonary Emphysema

All for several years

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Elsworth S Truitt M. D.

(Address) 3720 Washington Ave

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.

Dr Elsworth S. Smith
3723 Washington