APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791

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

City..... (No. 2510A NORTH MARKET St. ..... Ward)

File No. 10016

Registered No. 2077

2. FULL NAME IRA E. NUTE

(a) Residence, No. 2510A NORTH MARKET St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 26, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	0	8	

OCCUPATION

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

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) MAINE

FATHER

13. NAME JOHN NUTE

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

MOTHER

15. MAIDEN NAME MARY LOVEJOY

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

17. INFORMANT LILLIE NUTE
(ADDRESS) 2510A NORTH MARKET ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW ST. MARCUS DATE MARCH 6, 1937

19. UNDERTAKER Goodhart & Goodhart
(ADDRESS) 2228 St. Louis Ave

20. FILED MAR 5 1937 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 3rd, 1937, to Mar. 4th, 1937

I last saw him alive on March 3rd, 1937. Death is said to have occurred on the date stated above, at 930 a m.

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

	Date of onset
Arteriosclerosis.	1925
93C	
Other contributory causes of importance:	
myocarditis chronic	6 mo

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) Claude H. Allen, M. D.

(Address) 5328 Page Blvd. St. Louis Mo

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.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD

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