

JUN 28 1937

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

Do not use this space.

21196

1. PLACE OF DEATH

74 County St. Francois
Township St. Francois
City St. Francois (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 78
St. Ward

2. FULL NAME

(a) Residence, No. St. 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.

Mary Elizabeth Nugent

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry Nugent

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1859

7. AGE: YEARS 77 MONTHS 4 DAYS 28 If LESS than 1 day, hrs. or min.

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

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) Collinger Co., Mo.

13. NAME Osborne Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Caroline Gibbs

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

17. INFORMANT Henry Nugent (ADDRESS) R #4 Farmington, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview Cemetery DATE 5/5 1937

19. UNDERTAKER Needert Hud Co (ADDRESS) Farmington, Mo.

20. FILED May 5 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937, to May 3, 1937.

I last saw him alive on May 3, 1937. Death is said to have occurred on the date stated above, at 11 a m.

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

Lobar Pneumonia Date of onset 4-27-37

Other contributory causes of importance: 108

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?

If so, specify (Signed) Geo. P. Watkins, M. D.

(Address) Farmington, 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.

