

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

9513
 Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100 Registered No. 978
 (c) City Kansas City (d) Street No. St. Joseph Hospital. St.
 (e) Length of residence in city or town where death occurred 48 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME James R. NUGENT. 253
 (a) Residence, No. 2812 East 33rd St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mrs. Nellie M. Nugent.
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1939
7. AGE
 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 5 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lithograph
9. Industry or business in which work was done, as saw mill, bank, etc. Operator.
10. Date deceased last worked at this occupation (month and year) **11. Total time (years) spent in this occupation** 28

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

13. NAME Michael L. Nugent.

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

15. MAIDEN NAME Mary Deveney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn.

17. INFORMANT (ADDRESS) Mrs. Nellie M. Nugent. 2812 East 33rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE 3/2/38.

19. FUNERAL DIRECTOR (ADDRESS) Melody-McGilley. K. C. Mo.

20. FILED Mar 2, 1938 M. M. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1938, to Feb. 28, 1938
 I last saw him alive on Feb. 28, 1938. Death is said to have occurred on the date stated above, at 3:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Styptococci infection of lungs.
Adenocarcinoma of sigmoid
Pneumonia (Bacterial & Hypostatic)
Empyema
Pericarditis
 Other contributory causes of importance: Influenza.

Date of onset	2-24-38
	2-10-38
	2-14-38
	2-24-38
	2-27-38
	1-1-38

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

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) Phil J. Ogilvie M. D.
 (Address) 522 Poplar St. K. C. Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, John H. Ryan, Licensed Embalmer No. 2999
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed John H. Ryan
Licensed Embalmer No. 2999

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)