

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

Do not use this space.

399

23975

**1. PLACE OF DEATH**

County Jackson  
Township Manassas  
City Manassas City (No. St Marys Hospital)

Registration District No. 1572  
Primary Registration District No. 1572

File No. 23975  
Registered No. 3102  
St. Manassas (Word)

**2. FULL NAME**

Matthew Joseph Fitzgerald

(a) Residence. No. 430 N Brighton St., 8 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. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**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 (OR) WIFE OF Lucy Fitzgerald

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-23-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
48 4 25

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Switchman  
(b) General nature of industry, business, or establishment in which employed (or employer) Mrs Pac  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Lucy Fitzgerald  
(Address) 430 N Brighton

15. FILED 7/30 28 M. M. Lesarue REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-18 1928

17. HEREBY CERTIFY, That I attended deceased from July 14, 1928, to July 18, 1928, that I last saw him alive on July 18, 1928, and that death occurred, on the date stated above, at 1180 W 11th

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Peritonitis  
1180 W 11th (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Perforated Gastric ulcer  
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 15-1928

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation & autopsy finding  
(Signed) J. B. Cassler, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
July 19, 1928 (Address) 1001 Chambers Bldg 116th St

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Marys DATE OF BURIAL July 21 1928

20. UNDERTAKER Mrs C L Forster ADDRESS 718 Brooklyn

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.

