UG 29 19

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.

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

Do not use this space.

File No. 26072

Registered No. 118

1. PLACE OF DEATH
County: Saline
Township:
City: Marshall (No. ..... St. ..... Ward)
Registration District No. 796
Primary Registration District No. 3038

2. FULL NAME: William B. Fitzgerald
(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.

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: Minnie Fitzgerald

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 22 - 1858

7. AGE: Years 69 | Months 8 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Engineer & Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Fitzgibbon Hospital

9. BIRTHPLACE (CITY OR TOWN): Saline Co.
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Robt. C. Fitzgerald
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Louisa Sappington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.

14. INFORMANT: Miss Minnie Fitzgerald
(Address): Marshall, Mo.

15. FILED 7-31, 1928. Mrs. John H. McGuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 27 1928

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1928 to July 27, 1928 that I last saw h. alive on July 27, 1928, and that death occurred, on the date stated above, at 9-15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis lethargica
17
(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) D. T. Manning, M. D.
7/28, 1928 (Address) Marshall, Mo

*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL: Ridge Park Cem.
DATE OF BURIAL: July 29 1928

20. UNDERTAKER: R. W. Campbell
ADDRESS: Marshall