

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.

JAN 28 1929

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

Do not use this space.

41989

1. PLACE OF DEATH

County..... Pettis

Registration District No. 668

Township.....

Primary Registration District No. 30325

City..... Sedalia (No. 1)

Primary Registration District No. 30325

File No.

Registered No. 322

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX P 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 13-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 8 24

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER John Fitzgerald

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

12. MAIDEN NAME OF MOTHER Jane Robinson

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

14. INFORMANT J. H. Baehr
(Address) Poplar Bluff, Mo

15. FILED 12-8-28 REGISTRAR J. H. Baehr

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Nov. 30, 1928, to Dec 7, 1928, that I last saw him alive on Dec 7, 1928, and that death occurred, on the date stated above, at 6:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
131

169-A
10-21 (duration) yrs. mos. 8 ds.

CONTRIBUTORY Hypertension & nephritis
(SECONDARY)
Chronic Interstitial (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS Physical finding(Signed) D. P. Dyer, M. D., 19 (Address) Sedalia 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.

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL

East St Louis Ill Dec 9 1928

20. UNDERTAKER ADDRESS

Gilespie Sedalia

