

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

Do not use this space.

47

1. PLACE OF DEATH

County Andrew
Township Rockstar
City Rockstar

Registration District No. 116
Primary Registration District No. 2020

File No. _____
Registered No. 3
St. _____ Ward _____

2. FULL NAME

R. G. Fitchall

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hr. or _____ min.
1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Helena
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henry E. Fitchall

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

12. MAIDEN NAME OF MOTHER Claudine Miller

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

14. INFORMANT Henry E. Fitchall
(Address) Helena, Mo.

15. FILED Jan 4, 1929 Miss Bettie Boggs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 4 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 3 1929 to Jan 4 1929 that I last saw him alive on Jan 3 1929, and that death occurred, on the date stated above at 9:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

CONTRIBUTORY (SECONDARY) 159 / 1610

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) E. M. Reynolds, M. D.
Address Union Star 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

Union Star Cemetery Jan 4 1929

20. UNDERTAKER H. D. Wilson ADDRESS King City 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.

1929
2200

