

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

Do not use this space.

2353-0

1. PLACE OF DEATH

County Linn
Township Baker Twp
City _____ (No. _____)

Registration District No. 506
Primary Registration District No. 3671

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

2. FULL NAME

Clyde Allen 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mrs Lucie Bradley Fitzgerald

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 | 1 | 16

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

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

PARENTS
10. NAME OF FATHER Frank Fitzgerald
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____
12. MAIDEN NAME OF MOTHER Cora Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT Mrs Clyde Allen Fitzgerald
(Address) Bucklin Mo

15. FILED 1927 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1929 to Jan 15, 1929 that I last saw h. alive on Jan 12, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignant growth involving base of skull
5 3 15
4 6 5 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 44B (duration) _____ yrs. mos. da.

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? _____

(Signed) [Signature], M. D.

Jan 4, 1929 (Address) Madison 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 Pleasant Grove DATE OF BURIAL Jan 25 1929

20. UNDERTAKER Jas. W. Laughlin ADDRESS Marshall

A. 2.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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