

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

Do not use this space.

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893

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**1. PLACE OF DEATH**

County Jackson  
Township Missouri  
City Kansas City (No. 452 West 70<sup>th</sup> Street Terrace)

Registration District No. 1002  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1077  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Elbert Fitzgerald

(a) Residence. No. 452 West 70<sup>th</sup> Terrace 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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) June 1 - 1876

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>52</u>	<u>8</u>	<u>22</u>	

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Mallow County Cork  
(STATE OR COUNTRY) Ireland

10. NAME OF FATHER John Fitzgerald

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

12. MAIDEN NAME OF MOTHER Budget Barrett

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

14. INFORMANT Mrs Frank B Nobrega  
(Address) 452 West 70<sup>th</sup> Street Terrace

15. FILE NO. 2-23-29 In on Crime  
Registrar Doost

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1929  
17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1929, to Feb 22, 1929, that I last saw him alive on Feb 22, 1929, and that death occurred, on the date stated above, at 2:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage  
131  
43C Instantly  
Inter Nephritis + Ch. Myocarditis  
(CONTRIBUTORY (SECONDARY))  
(duration) 4 yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Allice L. Hearst M. D.  
2-23-29 (Address) 722 Chamber 13th

\*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 St John's DATE OF BURIAL Feb 25 1929

20. UNDERTAKER John J Sheehan ADDRESS K. C. 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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