

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Boyer
City Rich Hill (No. _____)

Registration District No. 03
Primary Registration District No. 8003

File No. 7653
Registered No. 77
St. _____ Ward _____

2. FULL NAME

George W Fitzpatrick
(a) Residence. No. Rich Hill, Mo. St. _____ Ward _____
(Usual place of abode)

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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1852-4-7

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 11 7

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) Ill
(STATE OR COUNTRY) Calver Co.

10. NAME OF FATHER Jeff Fitzpatrick

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

12. MAIDEN NAME OF MOTHER Mont Know

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

14. INFORMANT C. J. Fitzpatrick
(Address) Amelia, Mo.

15. FILED 3/26 30 John J. Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1930

17. I HEREBY CERTIFY, That I attended deceased from March 19 1930 to March 24 1930 that I last saw him alive on March 24 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Subal meningitis
82A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74A
(duration) 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? 7/26

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) John J. Allen, M. D.

1930 (Address) Rich Hill, 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 Greenlawn DATE OF BURIAL 3/26 1930

20. UNDERTAKER F. E. Buchanan ADDRESS Rich Hill, Mo.

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.

