

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

Do not use this space.

20218

1. PLACE OF DEATH

County Camden Registration District No. 651
 Township Little Crane Primary Registration District No. 3-862
 City Camden (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 83

2. FULL NAME

Leon 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. 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) March 23, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 18
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Infant
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Camden (STATE OR COUNTRY) Missouri
 10. NAME OF FATHER J. T. Fitzgerald
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama
 12. MAIDEN NAME OF MOTHER Edna M. Craig
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Alabama

14. INFORMANT (Address) J. T. Fitzgerald
Camden
 15. FILE July 12, 1930 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 - 7 AM 1930
 I HEREBY CERTIFY, That I attended deceased from June 11, 1930 to June 11, 1930
 that I last saw him alive on June 11, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Colitis
 1178 (duration) yrs. mos. ds. 11
 CONTRIBUTORY (SECONDARY) 11/3/12 (duration) yrs. mos. ds.

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 no
 (Signed) Levi A. Denton M. D.
June 11 1930 (Address) Briggsville, 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 Little Crane Cemetery DATE OF BURIAL June 12 1930
 20. UNDERTAKER J. L. LeDorge ADDRESS Camden, Mo

WHITE PAPER, 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.

8 1930

