

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

Do not use this space.

39886

PLACE OF DEATH

County Johnson, Registration District No. 431
 Township Warrensburg, Primary Registration District No. 3022
 City Warrensburg, (No. _____) St. _____ (Ward) _____

File No. _____
 Registered No. _____

2. FULL NAME William Thomas Fitterling
 (a) Residence. No. 200 Clark St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28, 1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>5.</u>	<u>20</u>		

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

9. BIRTHPLACE (CITY OR TOWN) Warrensburg,
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Fitterling

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

12. MAIDEN NAME OF MOTHER Hanna Oliphant.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Virginia,

14. INFORMANT Mel Fitterling
 (Address) Warrensburg, Mo.

15. FILED Dec 20 30 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-18-30 to 12-18-30, 19____, and that I last saw him alive on Dec 18 1930, and that death occurred, on the date stated above, at 8-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis & Hypertension
 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic
 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Chronic
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? History & clinical
 (Signed) J. T. McElroy, M. D.
 (Address) Warrensburg, 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 Sunset Hill Cem DATE OF BURIAL Dec. 20, 30

20. UNDERTAKER R. Q. Phillips ADDRESS Warrensburg

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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 20 1931

