

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

Do not use this space.

10715

**1. PLACE OF DEATH**

64 County Marion  
Township Major  
City Hannibal

Registration District No. 547  
Primary Registration District No. 3029  
(No. 214 of 5th St)

File No. ....  
Registered No. 76  
St. 3 Ward)

**2. FULL NAME**

(a) Residence, No. 214, 8th St. St. 3 Ward.

(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) Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs. Ella Fitzsimmons

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
71 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Opn. of Gas.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Station 176

10. Date deceased last worked at this occupation (month and year) 3-11-31 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo.

13. NAME Irvin J. Fitzsimmons

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo.

15. MAIDEN NAME Pauline Oliver

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo.

17. INFORMANT Mr. Clancy Fitzsimmons (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE River of the Landing DATE 3-13-1931

19. UNDERTAKER James P. Donnell (ADDRESS) Hannibal Mo.

20. FILED 3/17 1931 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11-1931

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1931 to March 11, 1931  
I last saw him alive on March 11, 1931. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 3-11-31

82A 97 82W

Other contributory causes of importance: arteriosclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) W. S. Salzer M. D.  
(Address) Hannibal 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. APR 24 1931

(5/26/68)