

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

Do not use this space.

14647

1. PLACE OF DEATH

56 County Jefferson Registration District No. 421
 Township Jackson Primary Registration District No. 4249
 City Jestus (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 53

2. FULL NAME

J. A. Fitzpatrick
 (a) Residence, No. _____, _____ St., _____ Ward.
 (Usual place of abode)

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 Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louis Fitzpatrick

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

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
49 - 1882 Sept know know

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 109

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Unknown

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jestus Mo DATE May 4 1931

19. UNDERTAKER (ADDRESS) Dwight E. Vandyke
Jestus Mo

20. FILED 5/2, 1931 J. E. Rutledge
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30 1931

22. I, HEREBY CERTIFY, That I attended deceased from April 30, 1931, to April 30, 1931

I last saw him alive on April 30, 1931. Death is said

to have occurred on the date stated above, at 7 P. M.

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

Acute dilatation of the heart.
93 B
75 B

Date of onset

Other contributory causes of importance:

Myocarditis

Name of operation 93 B Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) D. E. Stewart, M. D.
 (Address) Crystal City Mo.

MAY 27 1931

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.

