

150167.1

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

Do not use this space.

18730-

1. PLACE OF DEATH

70
4

County Montgomery
Township Prairie
City Middletown (No. _____)

Registration District No. 291
Primary Registration District No. 5789

File No. 150167
Registered No. _____ St. _____ Ward _____

2. FULL NAME Charles Emmett Fitzgerald

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

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR ~~SEPARATED~~ (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2nd, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 II 8

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

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) 4-10-31 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Middletown (STATE OR COUNTRY) Missouri

13. NAME Charles K. Fitzgerald

14. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Margarette Brown

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

17. INFORMANT Charles Fitzgerald (ADDRESS) Middletown, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE 4-12-31 1937

19. UNDERTAKER Jones - Wells (ADDRESS) Middletown, Mo.

20. FILED 4/11 1931 W. A. Davis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 1931

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1931, to April 10th 1931. I last saw him alive on April 10th 1931. Death is said to have occurred on the date stated above, at 10 P. M.

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

Cerebral Apoplexy
82A
82A ①
Other contributory causes of importance: _____

Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Positive 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. A. Davis, M. D.
(Address) Middletown, Mo.

JUN 27 1931

