

Max Fitch

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

Do not use this space.

24748

1. PLACE OF DEATH

County Green Registration District No. 318  
Township \_\_\_\_\_ Primary Registration District No. 2001  
City Springfield Mo 2027 Howard

File No. \_\_\_\_\_  
Registered No. 514  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Christena Fechtling  
(a) Residence, No. 2027 Howard St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
75 10 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home lady  
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) Philadelphia Ohio

MOTHER  
13. NAME Michael Fechtling  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Magdeline Grimm  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT Cora Hodges  
(ADDRESS) 2027 Howard St

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Unionville Mo DATE July 5 1931

19. UNDERTAKER F. C. Thieme  
(ADDRESS) Springfield Mo

20. FILED 7-6 1931 Don Sharp Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1931  
22. I HEREBY CERTIFY, That I attended deceased from 6/25 1931, to 7/4 1931  
I last saw or alive on 7/4 1931. Death is said to have occurred on the date stated above, at 3:45 m.  
The principal cause of death and related causes of importance were as follows:

MENINGEAL Nephroses - Hypodermic (arterial) Softening of Brain. (result of apoplexy)  
Date of onset 7/2/31  
Other contributory causes of importance: 82A 82C 102

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? 160  
If so, specify \_\_\_\_\_  
(Signed) Max Fitch \_\_\_\_\_ M. D.  
(Address) 376 Commercial Springfield Mo

WRITE PLAINLY, 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.

AUG 26 1931

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