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

Do not use this space.

8099

File No. .....

Registered No. 221

1. PLACE OF DEATH
39 County Greene
3 Township .....
5 City Springfield (No. St. Johns Hospital St. .....Ward)

Registration District No. 318
Primary Registration District No. 3206

2. FULL NAME Mable Fitzpatrick

(a) Residence, No. 916 Garfield St., ...Ward.
(Usual place of abode) (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 Female
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 James W. Fitzpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1905

7. AGE Years 26 Months 11 Days 15 If LESS than 1 day, ...hrs. or .....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress & Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel & Home
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) Texas

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Lizzie Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT James W. Fitzpatrick
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Mar 18 1932

19. UNDERTAKER J. W. Stringer & Co.
(ADDRESS) Springfield Mo.

20. FILED 3-16 1932 Ron Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 6, 1932 to Mar 16, 1932
I last saw h. alive on Mar 16, 1932. Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:

Ectopic Pregnancy.
Ruptured

Date of onset

Other contributory causes of importance:

Name of operation ..... 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? .....
If so, specify .....
(Signed) Joseph D. Jones, M. D.
(Address) Springfield 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.

WHITE PAPER ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 26 1932