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.

SEP 21 1932

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

Do not use this space.

25413

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

File No.

Registered No. 758

2. FULL NAME Lawrence Gregory Fitzgerald.

(a) Residence, No. St., Ward. Beattie Kansas.
(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 Male.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1931.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
1	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child. 194A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107A 111B

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) Beattie Kansas.

FATHER

13. NAME James C. Fitzgerald.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beattie Kansas.

MOTHER

15. MAIDEN NAME Erma Boggs.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beattie Kansas. Kansas.

17. INFORMANT (ADDRESS) James C. Fitzgerald. Beattie Kansas.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beattie Kansas. DATE Aug 5, 1932

19. UNDERTAKER (ADDRESS) W. A. Sidenfaden 1802 Union Street.

20. FILED AUG 3 1932 John R Bender 3 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1932, to Aug 4, 1932

I last saw him alive on Aug 4, 1932 Death is said to have occurred on the date stated above, at 12:Noon.

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

Edema of Lungs

Swallowed a finger nail clipping which lodged in the lung.

Date of onset

Other contributory causes of importance: 194A

~~Secondary~~ Pneumonia Bronchial

Name of operation Date of Aug 4-32

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? Accident Date of injury Aug 2, 1932

Where did injury occur? Home Beattie Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury swallowed finger nail clipping

Nature of injury Edema of Lung

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr L. G. Balding M. D.

(Address) 204 Logan Blds St Joseph Mo