

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

Do not use this space.

27530

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No. Sanatarium) St. Ward)

File No.....
Registered No. 7344

2. FULL NAME

(a) Residence, No. 1401 N. 9th St., 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 7 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dwigg County Georgia

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dwigg County Georgia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Georgia

17. INFORMANT W.F. McClaine (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 8-11 1932

19. UNDERTAKER A. H. Buddell, Walter (ADDRESS) 2901 N. 10th St

20. FILED UG 10 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6th 1932
22. I HEREBY CERTIFY, That I attended deceased from July 18th 1932 to Aug 6th 1932
I last saw him alive on Aug 6th 1932 Death is said to have occurred on the date stated above, at 11^{1/2} a.m.
The principal cause of death and related causes of importance were as follows:

Central Nervous System
Sepsis
Other contributory causes of importance: (1)
Date of onset 7/18/32

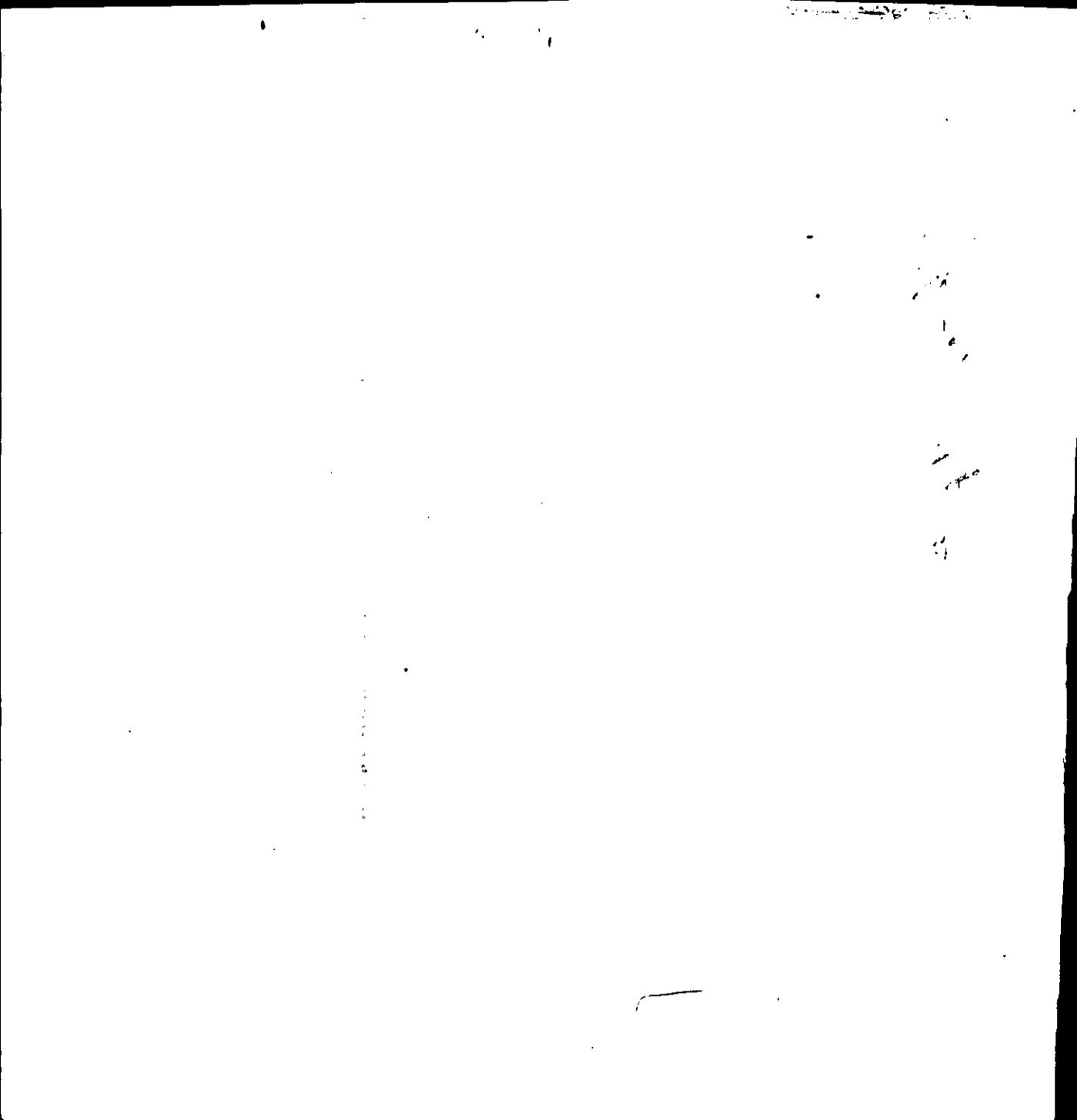
Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy?.....

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) William F. McClaine, M. D.
(Address) 5400 Arsenal



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7344

2. FULL NAME

John H. Fitzpatrick
(a) Residence No. 1401 No 9th 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 M 4. COLOR OR RACE B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 7 3

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Georgia

FATHER
13. NAME Thomas Fitzpatrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jupiter Co. near Melon, Georgia

MOTHER
15. MAIDEN NAME Jane Chaple Fitzpatrick Barnes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Twiggs County near Melon, Georgia

17. INFORMANT (ADDRESS) Mrs. Jane Barnes, 1401 No 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS) _____

20. FILED 6-11- 1936 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

_____ 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) Thos Chamberlain _____, M. D.
(Address) Registrar, Vital Statistics

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED

S-21580