

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

Do not use this space.

2963

PLACE OF DEATH

County St. Francis
Township Dandolph
City Cantwell (No.)

Registration District No. 779
Primary Registration District No. 6024A

File No.
Registered No.
St. Ward)

2. FULL NAME William A. Fitzgerald
(a) Residence, No. Cantwell 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 male 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 Edell Fitzgerald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1874
7. AGE YEARS 58 MONTHS 4 DAYS 13 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Carpenter
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) Bellevue Mo

13. NAME James Fitzgerald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Catherine Traster

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

17. INFORMANT (ADDRESS) Orville Davis Cantwell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkview DATE Jan. 4 1933

19. UNDERTAKER (ADDRESS) C. Z. Boyer Desloge Missouri

20. FILED 1-4-33 1933 R. B. Ruster Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 to Jan 2 1933
I last saw him alive on Dec 31, 1932. Death is said to have occurred on the date stated above, at 5:4 m.
The principal cause of death and related causes of importance were as follows:

cardiac decompensation
mitral regurg
aortic regurg
hypertension
Date of onset July 1932

Other contributory causes of importance: chr nephritis
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?
If so, specify.....
(Signed) Harold A. Goebel, M. D.
(Address) Desloge 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.

