

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

Do not use this space.

6682

**1. PLACE OF DEATH**

County Nodaway  
Township Polk  
City Maryville (No. ...., ..... St. .... Ward)

Registration District No. 625  
Primary Registration District No. 3031

File No. ....  
Registered No. 22

**2. FULL NAME**

Frank W. Fitz  
(a) Residence, No. 121 E. Jenkins 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma R. Fitz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 1877</u>		
7. AGE <u>55</u>	YEARS <u>5</u>	MONTHS <u>10</u>
		DAYS <u>22</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Lineman for Light Co.</u>
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) Missouri

13. NAME Jack Fitz

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

15. MAIDEN NAME Casena Middaugh

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

17. INFORMANT (ADDRESS) Mrs. Emma R. Fitz 121 E. Jenkins

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont DATE 2/25/33 19.

19. UNDERTAKER (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED 2-24 1933 Mamie E. Clardy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23<sup>rd</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 23<sup>rd</sup> 1933, to Feb 23<sup>rd</sup> 1933

I last saw him alive on Feb 23 1933. Death is said to have occurred on the date stated above, at 9 P. m.

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

Angina Pectoris Date of onset 2-23-33

*gwa* *gwa*

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

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? no.  
If so, specify .....

(Signed) L. E. Dean M. D.  
(Address) Maryville 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.

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