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.

AUG 26 1933

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

Do not use this space.

20182

File No.

Registered No.

1. PLACE OF DEATH

51 County Johnson — Registration District No. 341

6 Township ~~Warrensburg~~ — Primary Registration District No. 3023

7 City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME James M. Fitch

(a) Residence, No. Oak Hill Sanitarium Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-29-1841

7. AGE: YEARS 92 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Farmer

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky.

FATHER

13. NAME: Crawford Fitch

2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vanceburg Ky

MOTHER

15. MAIDEN NAME: Cava B Cordingly

2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vanceburg Ky

17. INFORMANT (ADDRESS): Forest Fitch Odessa Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Hill DATE June 27 1933

19. UNDERTAKER (ADDRESS): Sweeney Phillips Warrensburg Mo

20. FILED June 27 1933 Wm R Pallason Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June - 26 1933

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1933, to June 26, 1933

I last saw him alive on June 25, 1933. Death is said to have occurred on the date stated above, at 2:30 A.m.

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

	Date of onset
Fracture of the hip	May 20
186A	
194B	

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? Accident Date of injury May 14 1933

Where did injury occur? Odessa Mo (Specify city or town, county, and State)

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

Manner of injury Fall

Nature of injury Fracture of Femur

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

If so, specify

(Signed) [signature] M. D.

(Address) Warrensburg Mo