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.

JAN 8 1933

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

Do not use this space.

35891

File No. .....

Registered No. 287

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 125

1 Township " " — Primary Registration District No. 3009

8 City " " (No. St Francis Hospital St. ..... Ward)

2. FULL NAME Adelaide Fitzpatrick

(a) Residence, No. 124 So. Lorimier St., ... 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: Female
4. COLOR OR RACE: White
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): Dec 26-1887

7. AGE: YEARS 45 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Lutesville Mo.

FATHER

13. NAME: W. T. Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Co

MOTHER

15. MAIDEN NAME: Catherine Limlaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Mo.

17. INFORMANT (ADDRESS): W. T. Wilson, Oklahoma City. Okl

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lorimier DATE Nov 27 1933

19. UNDERTAKER (ADDRESS): Walthers Und. Co. Cape Girardeau Mo

20. FILED 11-25-1933 W C Kumpfer Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1933 to Nov 24, 1933

I last saw her alive on Nov 24, 1933. Death is said to have occurred on the date stated above, at 9:45 a m.

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

	Date of onset
Peritonitis	11-15
121 A	
121 B	
121	

121 A

Other contributory causes of importance:

Appendicitis (gangrenous)	11-15

Name of operation Appendectomy Date of 11/15/33

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? No

If so, specify .....

(Signed) E. H. Gregory Wilson, M. D.

(Address) Cape Girardeau Mo