

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 26 1934

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

Do not use this space.

1. PLACE OF DEATH  
 51 County Johnson Registration District No. 431  
 6 Township Warrensburg Primary Registration District No. 55-88  
 7 City Warrensburg (No. 4023)  
 2. FULL NAME May Fitterling  
 (a) Residence, No. \_\_\_\_\_ 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.

File No. 40537  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1-1850  
 7. AGE YEARS 83 MONTHS 10 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland  
 13. NAME John Fitterling  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland  
 15. MAIDEN NAME Ruth Deebis  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland  
 17. INFORMANT (ADDRESS) M. L. Fitterling Warrensburg Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Dec. 22, 1933  
 19. UNDERTAKER (ADDRESS) Sweeney - Phillips Warrensburg Mo.  
 20. FILED Dec. 22, 1933 W. R. Williams Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 21, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Dec 21, 1933  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 20:15 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Coronary Thrombosis  
Cholera  
Arteriosclerosis  
 (Other contributory causes of importance: \_\_\_\_\_)  
 Date of onset \_\_\_\_\_  
 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) W. F. M. K..., M. D.  
 (Address) Warrensburg Mo.

