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

Do not use this space.

24898

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. , 2843 Troost St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No.

2. FULL NAME John R Fitzgerald
(a) Residence, No. 2843 Troost 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 Elizabeth Fitzgerald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
57	7	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ticket Seller
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 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Richard Fitzgerald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Bridget Mulligan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Elizabeth Fitzgerald 2303 Troost, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's DATE 7/30/34, 19

19. UNDERTAKER (ADDRESS) McDody-McGilley K.C.Mo.

20. FILED 7-28, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934 to July 27, 1934
I last saw h alive on 27 July, 1934. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Heat Prostration

191

Other contributory causes of importance: 191

Date of onset

Name of operation None Date of
What test confirmed diagnosis? Usual 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) K P Jones, M. D.
(Address) 421 Ell St.

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 21 1934

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