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.

OCT 13 1934

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

Do not use this space.

File No. 32057
Registered No. 1104

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 94
City St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Louise Fitzpatrick
(a) Residence, No. 801 south 17 street 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: Female
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 Hugh Fitzpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1893

7. AGE: YEARS 41 — MONTHS 6 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) St Joseph Missouri

FATHER
13. NAME Amel Woellner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER
15. MAIDEN NAME Augusta ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT (ADDRESS) Hugh Fitzpatrick 801 So. 17 street St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Cemetery
PLACE St Joseph Mo. DATE Sept. 29, 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden St Joseph Mo.

20. FILED SEP 29 1934 19 John L. Bender Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1934, to Sept 27, 1934
I last saw her alive on Sept 27, 1934 Death is said to have occurred on the date stated above, at 7:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 27/34
82A	
Other contributory causes of importance:	

Name of operation None Date of
What test confirmed diagnosis? Clear 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) Frank L. Hartigan, M. D.
(Address) Kindpremier Bldg.