

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

Do not use this space.

APR 23 1936

10662

1. PLACE OF DEATH

County Jackson
 Township New
 City Kansas City (No. 6230 E. 11th)

Registration District No. 379
 Primary Registration District No. 1002

File No. _____
 Registered No. 1399
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 6230 E. 11th 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie B.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 - - _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boyd Co.
 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) unknown Texas

13. NAME John Fitzgerald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs. Minnie Fitzgerald
 (ADDRESS) 6230 E. 11th - K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Ave. Mo. DATE 3-14-36

19. UNDERTAKER Wesley Henderson
 (ADDRESS) 4139 E. 15th - K.C. Mo.

20. FILED Mar 12 1936 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1936

22. I HEREBY CERTIFY That I attended deceased from May 29, 1934, to March 11, 1936
 I last saw him alive on March 11, 1936 Death is said to have occurred on the date stated above, at 4 P.M.

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

Tuberculosis Pulmonalis Date of onset 1934

Other contributory causes of importance: silica contact

Name of operation None Date of _____

What test confirmed diagnosis? chest x-ray 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? Yes

If so, specify Silica Contact

(Signed) W. H. Gallagher M. D.

(Address) 6416 E. 15th St. Kansas City, Mo.

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.

Mr. Callaghan,