

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.

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

Do not use this space.

MAY 20 1936

14801

1. PLACE OF DEATH

County Greene  
Township Springfield  
City Springfield (No. 2001)

Registration District No. 318  
Primary Registration District No. 2001  
(No. Dunge Hospital)

File No. \_\_\_\_\_  
Registered No. 328  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 916 Garfield Ave 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

MEDICAL CERTIFICATE OF DEATH

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) Hazel M. Fitzpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 2 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Operator  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Station  
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) Mo

MOTHER FATHER 13. NAME George Fitzpatrick

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

15. MAIDEN NAME Sarah Reese

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

17. INFORMANT Hazel M. Fitzpatrick (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE April 17 1936

19. UNDERTAKER J. W. Hughes & Co. (ADDRESS) Springfield, Mo.

20. FILED 4-11-36 Ralph W. Haugsten Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8 1936 to Apr. 10 1936  
I last saw him alive on Apr. 10 1936 Death is said to have occurred on the date stated above, at 6 p.m.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Influenza  
Lobar pneumonia (Double)  
Date of onset: 4-8-36  
4-1-36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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) Arthur B. Trapp, M. D.  
(Address) 450 W. 6. Coril

100  
100

100