

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

Do not use this space.

MAR 16 1937

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. 1219 Felix) St. _____ Ward _____

File No. 5048
 Registered No. 132

2. FULL NAME Edward Martin Fitzgerald

(a) Residence, No. 1219 Felix St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 56 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male c 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1880.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 56 6 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Buyer and Salesman.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Block Clothing Co.
 10. Date deceased last worked at this occupation (month and year) 1919. 11. Total time (years) spent in this occupation 25 Yrs.

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

FATHER
 13. NAME Martin Fitzgerald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Pelier Vermont.

MOTHER
 15. MAIDEN NAME Mary Stienlee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fort Wayne Indiana.

17. INFORMANT Mrs. J. S. Wachendorfer
 (ADDRESS) 1219 Felix Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
 PLACE St. Joseph, Mo. DATE Febr. 6 1937

19. UNDERTAKER H. O. Sidenfaden
 (ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 2-4 1937 H. J. Kestelbach
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 3, 1937.

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to Feb. 3, 1937
 I last saw h. in alive on Feb. 3, 1937 Death is said to have occurred on the date stated above, at 11:40 A.M.

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

Tuberculosis Date of onset 1918
pneumonia 80 Feb. 13/7
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Presumptive 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) J. M. Donnan M. D.
 (Address) St. Joseph 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.

