MAR 16 1937

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

Do not use this space.

File No. 5079
Registered No. 163

1. PLACE OF DEATH
County: Buchanan — Registration District No. 85
Township: — Primary Registration District No. 1001
City: St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME: Matthew B Fitzpatrick
(a) Residence, No. 302 South 13 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 75 yrs. 5 mos. 22 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: Ellen Fitzpatrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August. 17. 1861.

7. AGE: Years 75 — Months 5 — Days 22 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Of St. Jos
10. Date deceased last worked at this occupation (month and year): May 5. 1927.
11. Total time (years) spent in this occupation: 37 Yrs

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

FATHER
13. NAME: Matthew Fitzpatrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Hugh Fitzpatrick 302 So. 13 Str St. Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL: Mount Olivet
PLACE: St. Joseph, Mo. DATE: Febr. 11 1937

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

20. FILED: 2-10 1937 A. J. Nestlebush Registrar. By J. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Febr. 9th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1937, to Feb. 9, 1937
I last saw him alive on Feby 9, 1937. Death is said to have occurred on the date stated above, at 11/15 a.m.
The principal cause of death and related causes of importance were as follows:

Rt. Hemiplegia — Date of onset 2/1/37
Cerebral Hemorrhage

Other contributory causes of importance:
Senility
Arterio Sclerosis
Bronchial Pneumonia

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. L. Thomas, M. D.
(Address) 5 J. J. Clark Building 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.