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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City Mo. (No. 1015 Prospect St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 26411
Registered No. [illegible]

2. FULL NAME George Bryan FITZGERALD.
(a) Residence, No. 1015 Prospect 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 67 yrs. mos. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Margaret Fitzgerald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30, 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
67	2	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer for City
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Department
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans.s City Missouri

FATHER
13. NAME Michael Fitzgerald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Fitzgerald
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) George Fitzgerald, son, 1015 Prospect, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE July 26, 1937

19. UNDERTAKER (ADDRESS) Mellody-McGilley K. C. Mo.

20. FILED July 25, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1937, to July 23, 1937
I last saw he alive on July 23, 1937. Death is said to have occurred on the date stated above, at 8 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	1934
Coronary occulsion	
valvular insufficiency	

920

Other contributory causes of importance: Chronic endocarditis

Name of operation non Date of
What test confirmed diagnosis? Clinical 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) Earl Van Jones, M.D.
(Address) 100½ S. Osborn

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.