OCT 18

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

Do not use this space.

File No. 33654
Registered No. 959

1. PLACE OF DEATH
County Buchanan
Township
City St Joseph (No. State Hosp # 2 St. Ward)
Registration District No. 35
Primary Registration District No. 001

2. FULL NAME Marie Amelia Fitzgerald
(a) Residence, No. St., Ward. Kansas City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 Michael Fitzgerald
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1877
7. AGE YEARS 59 MONTHS 8 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) Kansas City Mo (STATE OR COUNTRY)

FATHER
13. NAME Henry Gueggelmeyer
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Josephine Rebolt
16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT State Hosp Records (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE Sept 3 37
19. UNDERTAKER Berry-Hyde (ADDRESS) 218 Sol
20. FILED 9-3 1937 N. J. Neuhebrick By J. R. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1937
22. I HEREBY CERTIFY, That I attended deceased from June 3 1937, to Sept 3 1937
I last saw h alive on Sept 2 1937. Death is said to have occurred on the date stated above, at 4:45 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Enterocolitis	7

1205

Other contributory causes of importance:

Name of operation No 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) C. Braxton Davis M. D.
(Address) State Hospital # 2

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.