

REC'D MAR 14 1938

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

6091
Do not fill in this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
(b) Township _____ Primary Registration District No. 1001 Registered No. 166
(c) City St. Joseph (d) Street No. St. Joseph's Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 51 yrs. = mos. = ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ellen Fitzpatrick 39.1

(a) Residence, No. 302 South 13th St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Matthew Fitzpatrick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10, 1869.</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>27</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House-wife</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Own Home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1938</u>		
11. Total time (years) spent in this occupation <u>?</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>County Gallway Ireland</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>		
15. MAIDEN NAME <u>Ellen Hughes</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ireland</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 to Feb. 7
I last saw her alive on Feb. 7, 1938. Death is said to have occurred on the date stated above, at 12:50 a. PM

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

Labor pneumonia Feb. 1/38
181-15-

Other contributory causes of importance:

3rd degree burn - left chest & abdomen Dec 25/37

Name of operation None Date of 20What test confirmed diagnosis? Other 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 1/25, 1937
Where did injury occur St. Joseph, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 3rd degree burn left chest & abdomen
Nature of injury blasting work from work

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify St. Joseph, Mo. M. D.(Signed) H. J. Nestlehus (Address) St. Joseph, Mo.17. INFORMANT James J. Fitzpatrick
(ADDRESS) Omaha, Nebraska.18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE Febr. 9, 193819. FUNERAL DIRECTOR H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.20. FILED Feb 8, 1938 H. J. Nestlehus
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Robert P. Clarkson, Licensed Embalmer No. 4028

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My-self

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed: Robert P. Clarkson

Licensed Embalmer No. 4028

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)