

REC'D JUL 14 1938

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

21606

Do not use this space.

1. PLACE OF DEATH

(a) County Christian Registration District No. 181
 (b) Township Poek Primary Registration District No. 5251
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William J. Fite

(a) Residence, No. 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 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 Miss Dora Fite
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8 - 1875
 7. AGE YEARS 62 MONTHS 9 DAYS 16 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) Iowa

13. NAME Obediah Fite
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Abeline M^cClair
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT H. Fite (ADDRESS) Dillings R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 6-26 1938

19. FUNERAL DIRECTOR Fane + Marlowe (ADDRESS) Clare mo.

20. FILED June 27, 1938 F. H. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1938, to June 24, 1938
 I last saw him alive on June 24, 1938 Death is said to have occurred on the date stated above, at 8:00 P. M.
 The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS Date of onset

Other contributory causes of importance:
ARTERIAL HYPERTENSION

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify

(Signed) F. H. Brown, M. D.
 (Address) Dillings mo.

STATEMENT BY LICENSED EMBALMER

I, George H Maulou, Licensed Embalmer No. 3827
hereby certify that the body recorded on the reverse side of this certificate was embalmed by George H Maulou
L. E.
No. 3827 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed George H Maulou
Licensed Embalmer No. 3827

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