

REC'D JAN 13 1938

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

42535

Do not use this space.

1. PLACE OF DEATH

(a) County Calloway 3 Registration District No. 104
(b) Township Fulton Primary Registration District No. 3005 Registered No. 296
(c) City Fulton (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred 21 yrs. 9 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT-FULL NAME

Mary Fitzpatrick
(a) Residence, No. State Hospital # 1 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 Female 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 Fitzpatrick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ?
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. about 61
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. None
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) Montgomery Co. Missouri

FATHER 13. NAME Unknown 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

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

17. INFORMANT (ADDRESS) Montgomery Co. Court per History Blank

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Bld - Columbia, Mo. DATE Dec 7, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. O. Roberts Columbia Mo

20. FILED Dec 7, 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1938, to Dec 5, 1938.
I last saw her alive on Dec 5, 1938. Death is said to have occurred on the date stated above, at 3:15 P. m.

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

Fracture Rt. hip & femur
Chronic Osteomyelitis
Broncho-Pneumonia

Other contributory causes of importance: None

(Bone Plate attached - Open Reduction 8-26-38)
Name of operation Bone Plate Removal Date of 11-30-38
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? Accident Date of injury _____, 19____
Where did injury occur? Fell at Hospital
(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) C. C. Brasher, M. D.
(Address) State Hospital # 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.