

DEATH JAN 28 1938

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

Do not use this space.

4006

1. PLACE OF DEATH

County Saline Registration District No. 801  
Township Salt Pond Primary Registration District No. 6044  
City Sweet Springs Mo. R.F. #1

File No. \_\_\_\_\_  
Registered No. 227  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Robert Fitzgerald

(a) Residence, No. R.F. #1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE-OF <u>Noel Fitzgerald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 15-1869</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>3</u>
	DAYS <u>18</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General Farm Work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1938</u>	
	11. Total time (years) spent in this occupation <u>2 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Atchinson Kansas</u>		
MOTHER FATHER	13. NAME <u>Maurice Fitzgerald</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Marcel Ann Blake</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Nella Weisenburger</u> (ADDRESS) <u>Sweet Springs Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sweet Springs Mo.</u> DATE <u>Jan 4, 1938</u>		
19. UNDERTAKER <u>W. S. Warner</u> (ADDRESS) <u>Sweet Springs Mo.</u>		
20. FILED <u>Jan 2 1938</u> Mrs. J. M. Schillerberger Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1-7, 1938  
I last saw him alive on Dec 29, 1938. Death is said to have occurred on the date stated above, at 6 a. m.  
The principal cause of death and related causes of importance were as follows:  
Myocardial infarction Date of onset Nov 16, 38  
Heart Block 12-1  
Hypertension  
Other contributory causes of importance:  
Chronic nephritis

Name of operation No Date of \_\_\_\_\_  
What test confirmed diagnosis? No 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? No (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Webster, M. D.  
(Address) Sweet Springs Mo.

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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 11/11/39