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.

REC'D MAY 18 1939

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

Do not use this space.

1. PLACE OF DEATH
County Clark — Registration District No. 194 — File No. 14598
Township Wyaconda — Primary Registration District No. 5-2-71 — Registered No. 2
City ..... (No. ..... St. ..... Ward)

2. FULL NAME 326 Emory Fitzgerald
(a) Residence, No. (Usual place of abode) Wyaconda Mo Ward. ..... (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Dora Fitzgerald
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 3 - 1875
7. AGE: YEARS 63 — MONTHS 7 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) (STATE OR COUNTRY): Indiana

FATHER
13. NAME: Thomas J. Fitzgerald
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Katherine Chasteen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs E. Fitzgerald Wyaconda Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wyaconda Mo DATE Mar 25 1939
19. UNDERTAKER (ADDRESS): Gerth & Barkett Wyaconda, Mo
20. FILED 4-21 1939 Bessie Blallier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch 23 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to March 23, 1939
I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Renal-cardiotic disease. — Date of onset: do not know

Other contributory causes of importance:

Name of operation ✓ 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) Don Pierce, M. D.
(Address) Wyaconda Mo.

RECEIVED
District Health Officer No. 16
District File Number 10-39-801
Date Filed MAY 16 1939