

REC'D JUN 8 1939

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

17445  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township 7 East Primary Registration District No. 1002 Registered No. 1847  
 (c) City St. C. Mo. (d) Street No. General Hospital # 2 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 240 Mary Wesley St.   
515 West 11th (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Wesley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1894  
 7. AGE YEARS 44 MONTHS 10 DAYS 20 IF LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
 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) Texas

FATHER 13. NAME Wash Fitzpatrick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Texas

MOTHER 15. MAIDEN NAME Georgianna Brodnax  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Texas

17. INFORMANT (ADDRESS) Record Clerk Gen. Hosp. # 2

18. BURIAL (CREMATION, OR REMOVAL) PLACE Lutesky Cem. DATE 5/21/39

19. FUNERAL DIRECTOR (ADDRESS) Thos. Appleton & Son, Inc. 1965 East

20. FILED May 2, 1939 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 4-11, 1939, to 4-28, 1939  
 I last saw her alive on 4-28, 1939 Death is said to have occurred on the date stated above, at 5-28 a.m.  
 The principal cause of death and related causes of importance were as follows:

Post Operative Shock (Traumatic) Date of onset  
 Other contributory causes of importance: uterine fibroid (non-malignant) SHB

Name of operation Date of  
 What test confirmed diagnosis? 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?  
 If so, specify (Signed) J. C. Brown M. D.  
 (Address) General Hospital # 2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

5046-7-20-37 I X12004

**STATEMENT BY LICENSED EMBALMER**

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

Signed *C. H. West* .....  
Licensed Embalmer No. *2710* .....

**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.)**