

FILED JUL 6 1942

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

Do not use this space.

22136

1. PLACE OF DEATH

County Stoddard  
Township Liberty  
City Dexter (No. \_\_\_\_\_)

Registration District No. 838 <sup>105</sup>  
Primary Registration District No. 6098B

File No. \_\_\_\_\_  
Registered No. 25-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Francise Fitzgerald

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

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 Rufus F. Fitzgerald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 3 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Alabama

FATHER 13. NAME Simmons Lackey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME Rachel Banks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mrs. Herman Bisher  
Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sadler Chapel DATE 6-7-42 19.

19. UNDERTAKER (ADDRESS) Blankenship-Strickland  
Dexter, Mo.

20. FILED 6-9-42 19. W. S. Smith  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) \_\_\_\_\_, 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1942, to 5- 1942  
I last saw her alive on June 5, 1942 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:  
Date of onset \_\_\_\_\_

Acute Dilatation of Heart  
95 e 4

Other contributory causes of importance:  
due to Hypertension and Arteriosclerosis

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? ECG Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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) S. S. Harris, M. D.  
(Address) Dexter, Mo.

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.

JUL 6 - 1942