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.

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

Do not use this space.

13640

**1. PLACE OF DEATH**

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St Louis Mo. (No. Barnes Hospt St. ..... Ward)

File No.....

Registered No. 3985

**2. FULL NAME** Marie Dora Fitzgerald

(a) Residence. No. Ramona Pk St., 12 Ward. Ferguson Mo.
(Usual place of abode) (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: F

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: Chester R Fitzgerald

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 17 - 1877

7. AGE: 50 YEARS | MONTHS: — | DAYS: 9 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Geo Williams

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont know

14. INFORMANT: Chester R Fitzgerald
(Address): Remona Pk Ferguson Mo

15. FILED: APR 27 1927 19 May C Starkcoff REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-26 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-20, 1927, to 4-26, 1927, that I last saw her alive on 4-26, 1927, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Ileum
46C Carcinoma of liver
46E
107H
(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Broncho-pneumonia
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED? 44B
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Robert M Evans, M. D
, 19 (Address) Barnes Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Springfield Missouri

DATE OF BURIAL: April 27 1927

20. UNDERTAKER: Geo L Dleitsch

ADDRESS: 5964 Easton ave