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

Do not use this space.

32916

File No. 968

Registered No. .....

1927

1. PLACE OF DEATH

County: Cape Girardeau — Registration District No. 125

Township: ~~Cape~~ — Primary Registration District No. 3009

City: Cape Girardeau Co. Mo. ..... St. ..... Ward)

2. FULL NAME: Cela Violet Fitzgerald

(a) Residence. No. ..... St., ... Ward. .....
(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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 21-1918

7. AGE: Years 9 — Months 4 — Days 18 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEASCED

(a) Trade, profession, or particular kind of work: Child

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Egypt mills
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Claude Fitzgerald

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

12. MAIDEN NAME OF MOTHER: Mertal McCland

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Melissa Landing
(STATE OR COUNTRY): Mo

14. INFORMANT: Claude Fitzgerald
(Address): 934 North Spanish St

15. FILED 11-10, 1927. C.O. Kaempfer, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-9 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1927, to Nov 9, 1927, that I last saw h. live alive on 5 a.m., 1927, and that death occurred, on the date stated above, at 5 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever

(duration) ..... yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY): Relapse to Im Kon Con

(duration) ..... yrs. ..... mos. 17 ds.

18. WERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Okanoy Sanitarium

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Widal

(Signed) R. P. Dalton, M. D

, 19 (Address) Cape Girardeau Mo

*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: Mona Cemetery

DATE OF BURIAL: 11-10 1927

20. UNDERTAKER: Al Brinkopf

ADDRESS: Cape Gir Mo

NOTE: 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.