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

Do not use this space.

37358

JAN 5 1928

1. PLACE OF DEATH
County Johnson
Township Warrensburg
City Warrensburg (No. ..... St. ..... Ward)
Registration District No. 431
Primary Registration District No. 3023
File No. .....
Registered No. .....

2. FULL NAME John F Fitterling
(a) Residence. No. 620 S Maguire St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 30, 1868

7. AGE Years 59 Months 1 Days 4 If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Johnson Co, Mo

PARENTS
10. NAME OF FATHER G. R. Fitterling
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Maryland
12. MAIDEN NAME OF MOTHER Isabelle Brubacher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Maryland

14. INFORMANT Viola Fitterling
(Address) Warrensburg, Mo

15. FILED Dec 6, 1927 Wm R Patterson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4, 1927

17. I HEREBY CERTIFY, That I attended deceased from saw him after death only, 19..... that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at 10-30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Found dead in chair. Cause not known but had been in normal health as far as was known (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Not known (duration) ..... yrs. ..... mos. ..... ds.

2003

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 205 B

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) D. B. Hall, M. D
12/6, 1927 (Address) Warrensburg 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 Sunset Hill Cem
DATE OF BURIAL Dec, 6. 1927

20. UNDERTAKER Sweeney- Gore Co, Warrensburg
ADDRESS

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.