

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Ray
City Kennett City (No. Baltimore Hotel)

Registration District No. 399
Primary Registration District No. 1002

File No. 5029
Registered No. 12312
St. Ward

2. FULL NAME

(a) Residence. No. Edwin (Fry) Fitzgerald St. Manhasset New York
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Marie Theresa Fry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9-1857
7. AGE YEARS 70 MONTHS 11 DAYS 7
If LESS than 1 day, ___ hrs. ___ or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY) New York

10. NAME OF FATHER Richard Fitzgerald

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

12. MAIDEN NAME OF MOTHER Helen Kennedy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mrs. M. T. Fry
(Address) New Rochelle New York

15. FILED 716, 1928 M. M. Corwin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb-16- 1928 to Feb-16- 1928 that I last saw h.l.a. alive on Feb-16- 1928, and that death occurred, on the date stated above, at 9:00 A. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina pectoris
according to history
occasional attacks since November 1927
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (Valvular heart disease)
unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 900
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Substernal pain sudden onset
(Signed) Herbert Tutthill, M. D.

Feb-16-1928 (Address) 1125 Rialto Bldg

*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 New Rochelle New York DATE OF BURIAL 2-19 1928

20. UNDERTAKER John J. Sheehan ADDRESS K. E. M.

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.

