AY 29 1928

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

Do not use this space.

12155

1. PLACE OF DEATH
County Atchison — Registration District No. 17 — File No. 10
Township Dale — Primary Registration District No. 5022 — Registered No. 422
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Flora May ~~Fitzg~~ Stouffer
(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 20 yrs. 0 mos. 0 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 29-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
60	1	5	

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

9. BIRTHPLACE (CITY OR TOWN) Franklin Co.
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER E. E. Fitzgerald
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Millonghby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Geo. Stouffer,
(Address) Fairfax, Mo.

15. FILED 4-30, 1928 J. M. Blevins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 4, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 27 - 1928, to Apr 4, 1928 that I last saw her alive on April 3 1928, and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious Anemia
718
(duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) 580
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Tests
(Signed) Owen Hunter, M. D
4-6-, 1928 (Address) Fairfax 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: Pleasant Ridge Cemetery — DATE OF BURIAL: Apr. 7 1928

20. UNDERTAKER: H H Schooler — ADDRESS: Fairfax, Mo.

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.