

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

Do not use this space.

13733

PLACE OF DEATH

County Madison Registration District No. 16 File No. _____
 Township Rochester Primary Registration District No. 5020 Registered No. 9
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Fitchem
 (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 Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Ellie S. Fitchem
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 3, 1862
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 6 22

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

9. BIRTHPLACE (CITY OR TOWN) Union Star, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER John Fitchem
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Mo.
 12. MAIDEN NAME OF MOTHER Mary Gate
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ind.

14. INFORMANT Mrs. Elizabeth Schnitzer
 (Address) Union Star, Mo.

15. FILED 4/26, 1929 Mrs. Bessie Boyer
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 25 1929
 17. HEREBY CERTIFY That I certified deceased from Apr 24, 1929 to Apr 25, 1929
 that I last saw him alive on 4/25, 1929 and that death occurred on the date stated above, at 3:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Dementia
199164
 (duration) 3 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY)
 (duration) yrs. mos. ds.

WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) E. M. Reynolds M. D.
4/26, 1929 (Address) Union Star 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 Union Star Cemetery DATE OF BURIAL Apr 27 1929

20. UNDERTAKER H. O. Wilson ADDRESS King City

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.

MAY 28 1929

