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

Do not use this space.

5687

1. PLACE OF DEATH

County Jackson — Registration District No. 2 9 9 — File No. 780

Township Kaw — Primary Registration District No. [illegible] — Registered No.

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME John Fitzpatrick

(a) Residence. No. 3112 Summit St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	63	7	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Signal Dept 12[illegible]

(b) General nature of industry, business, or establishment in which employed (or employer) K. C. Terminal R. R.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Edward Fitzpatrick

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

12. MAIDEN NAME OF MOTHER Sarah McCombs

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

14. INFORMANT Dr. E. J. Fitzpatrick (Address) 3112 Summit

15. FILED 2/18, 1931 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1931 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 10-31, 19..., to 2/16, 1931 that I last saw him alive on 2/16/31, 19..., and that death occurred, on the date stated above, at 8:15 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Right Lobar Pneumonia

137

1[illegible]

1[illegible] (duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (SECONDARY) Urinary Obstruction - Prostatic Hypertrophy adenomatous (duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 3112 Summit

DID AN OPERATION PRECEDE DEATH? yes DATE OF 2/12/31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. C. Lee Hoffmanns, M. D.

2/17, 1931 (Address) 1019 Professional

*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	DATE OF BURIAL
Calvary Cemetery	2/19/31 19

20. UNDERTAKER	ADDRESS
Quirk & Tobin--20 W Linwood	

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.