

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

Do not use this space.

25099

1. PLACE OF DEATH

County, Jackson
 Township, Kaw
 City, Kansas City (No. 3704 Bell)

Registration District No. 893
 Primary Registration District No. 1001

File No. 2008
 Registered No. 2008 (St. Ward)

2. FULL NAME Cornelius Fitzgibbons

(a) Residence, No. 3704 Bell St. 5 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male White Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1st 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>9</u>	<u>1st</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk--K. C. Water

(b) General nature of industry, business, or establishment in which employed (or employer) Dept

(c) Name of employer

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

10. NAME OF FATHER Michael Fitzgibbons

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

12. MAIDEN NAME OF MOTHER Devorah Scanlon

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

14. INFORMANT Mary Fitzgibbon
 (Address) 3704 Bell

15. FILED 7/17/31 M.M. Cronin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY that I attended deceased from April 22 1929 to July 16 1931
 that I last saw him alive on 7/16 1931, and that death occurred, on the date stated above, at 1:05 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Angina pectoris -
Coronary Sclerosis
Coronary Thromboses

Phosiph Interstitial (duration) mos. da.
COPY THIS ON (SECONDARY)
131
131 (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 3704 Bell Kaw

IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) M.D. O'Brien A. D. 7/17/31 (Address) 1034 Realt's 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 St. Marys' Cemetery **DATE OF BURIAL** 7/18/31

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

