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.

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

Do not use this space.

19651

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2360
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Mary Emma Fitch
(a) Residence, No. 701 East Linwood St., 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1857

7. AGE: 76 YEARS — MONTHS: 1 — DAYS: 8 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Ind.

FATHER
13. NAME --- Staunton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Arthur Brown 831 W 61

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill Cem DATE June 6, 1933

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED 6-6-1933 M. M. Crowe asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5:10 P.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Fracture of right femur | |
| Hypostatic Bronchopneumonia | |

Other contributory causes of importance: 1860

Name of operation Application of Cast Date of 6/3/33
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/1, 1933
Where did injury occur? Kansas City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fall
Nature of injury Fracture of femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [illegible]