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

Do not use this space.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 23094

Township: Kaw — Primary Registration District No.: 1003 — Registered No.: 2792

City: Kansas City (No. KC General Hosp. St. ..... Ward)

2. FULL NAME: Donna A Fitzgerald

(a) Residence, No. 4709 Grand St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred: 35 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 23 1886

7. AGE: Years 44 — Months 8 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Mo.

FATHER

13. NAME: Mary Blaydes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Bunford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Record Clerk KC Gen. Hosp. KC Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mt St Mary's DATE: July 7 1933

19. UNDERTAKER (ADDRESS): A. W. Weuconner & Son

20. FILED: July 6 1933 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-4 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-28 1933 to 7-4 1933

I last saw alive on 7-4 1933 Death is said to have occurred on the date stated above, at 11:40 P. M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis with Cavitation 2 3/12

Date of onset

Other contributory causes of importance:

Tuberculous Laryngitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Jennings, M. D.

(Address) Asst. KC Gen. Hosp. KC 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.