

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

Do not use this space.

**30058**

**1. PLACE OF DEATH**

County Johnson  
Township  
City Warrensburg (No. ....)

Registration District No. 431  
Primary Registration District No. 3023

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Clara L. Fitzgerald

(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 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 A. A. Fitzgerald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 15, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 6 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Adrian Mich.

MOTHER, FATHER 13. NAME James Dalton

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

15. MAIDEN NAME Mary E. Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT (ADDRESS) Miss Ruth Fitzgerald

18. BURIAL, CREMATION, OR REMOVAL PLACE Sedalia - Mo DATE Sep - 22, 1933

19. UNDERTAKER (ADDRESS) Queeny Phillips Warrensburg Mo

20. FILED Sept 21, 1933 Registrar. W. H. Allison

**① MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep - 21 - 1933

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to Sept 21, 1933

I last saw h. w. alive on Sept 21, 1933 Death is said

to have occurred on the date stated above, at 5:30 p.m.

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

Senile degeneration

Other contributory causes of importance:

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

What test confirmed diagnosis? Chemical 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? No

If so, specify yes

(Signed) W. H. Allison, M. D.

(Address) Warrensburg 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NOV 10 1933

92 251

