

JUL 30 1935

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

Do not use this space.

20457

1. PLACE OF DEATH

County Montgomery Registration District No. 591
Township Green Primary Registration District No. 5789
City Green (No. _____) St. _____ Ward _____

File No. _____

Registered No. 9

2. FULL NAME

Iduma Fitzgerald

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th, 1935

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

22. I HEREBY CERTIFY That I attended deceased from June 10th, 1935 to June 20th, 1935
I last saw her alive on June 25th, 1935 Death is said to have occurred on the date stated above, at 6:15 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-25-1869

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 10 - - -

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

Date of onset 11/15
Other contributory causes of importance: Meningitis
Name of operation _____ Date of _____
What test confirmed diagnosis? None Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) Anderson Co. (STATE OR COUNTRY) Tenn.

13. NAME Wm - H. Fitzgerald

14. BIRTHPLACE (CITY OR TOWN) Anderson Co. (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Katharine Dew.

16. BIRTHPLACE (CITY OR TOWN) Anderson Co. (STATE OR COUNTRY) Tenn.

17. INFORMANT Wayne Fitzgerald (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison DATE June 26th, 1935

19. UNDERTAKER W. W. ... (ADDRESS) _____

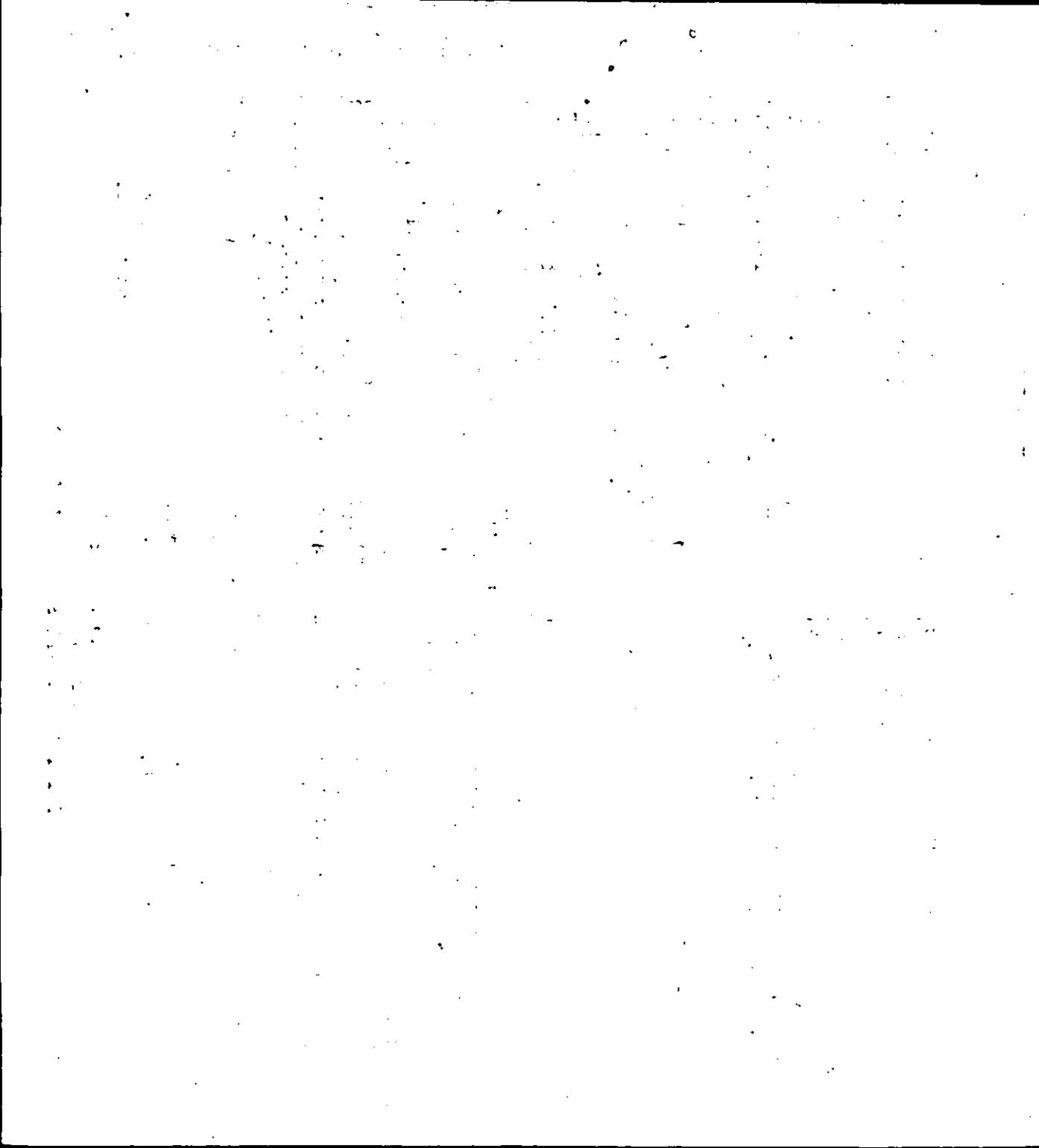
20. FILED 6/26, 1935 W. W. ... Registrar

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 _____
(Signed) A. L. ..., M. D.
(Address) Madison, Tenn.

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.

WHILE EXAMINING WITH EMPLOYING AGENCY—THIS IS A PERMANENT RECORD



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.
Do not use this space.

1. PLACE OF DEATH

County Montgomery Registration District No. 591
Township _____ Primary Registration District No. 5789
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Iduma 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1938

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 2 hrs. or 2 min. _____

Date of onset _____

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

Other contributory causes of importance:
meningitis simple

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 6/26, 1935 Leah Ring Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) P. Hirsch, M. D.
(Address) Middleton mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

1995

S-20457

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