WHITE PLANET, 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.

6153

MAR 21 1936

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township J-Kaw — Primary Registration District No. 1002 — Registered No. 971
City Kansas City (No. 824 W 61st St. Ward)

2. FULL NAME Winnie Matchett Fitzgerald
(a) Residence, No. 824 W - 61st 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: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Gerald I Fitzgerald

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug-25-1885

7. AGE: YEARS 50 — MONTHS 6 — DAYS 3 — 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): Grand Island Neb

FATHER
13. NAME: Levi H Matchett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Ella Aimley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

17. INFORMANT (ADDRESS): Mrs Geraldine F Giesecke 4506 Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Feb-25 1936

19. UNDERTAKER (ADDRESS): D. W. Mewcomers Sons Kansas City Mo.

20. FILED 2/24 1936 M. M. Grove
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1935 to Feb. 23, 1936
I last saw her alive on Feb. 22 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Stenosis
Auricular fibrillation
9221

Other contributory causes of importance:
Acute Rheumatic Fever in Childhood

Name of operation: Clinical 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? No
If so, specify
(Signed) H. P. Boughman, M. D.
(Address) 1032 Prof. Bldg.
K. T. Mo.

1032 Proff Bldg.
1-4