

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.

MAY 17 1938

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Joseph (No. 125 West Buffalo) St. _____ Ward _____

File No. 14087
 Registered No. 449

2. FULL NAME Peter Fattig

(a) Residence, No. 125 West Buffalo St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 3 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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF -- Mrs. Sidney A. Fattig (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1859

7. AGE YEARS 79 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired Farmer

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 ~~last~~ occupation _____

12. BIRTHPLACE (CITY OR TOWN) UNKNOWN, Iowa (STATE OR COUNTRY)

13. NAME Jacob Fattig

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

15. MAIDEN NAME Mary Wilforn

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

17. INFORMANT Adolph Fattig (ADDRESS) 125 W. Buffalo Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE April 22, 38

19. UNDERTAKER E. R. SIDENFADEN FUNERAL HOME (ADDRESS) 602 South 10th Street

20. FILED 4-21-38 N. J. Neill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1938, to April 19, 1938

I last saw him alive on April 18, 1938. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Chronic Myo Carditis

Date of onset ?

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis: Chronic 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) W. J. May, M. D.

(Address) 301 Palmyra St.
St. Joseph, Mo.

