

REC'D FEB 21 1939

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. 402 File No. 2564
 Township Shore Primary Registration District No. 4237 Registered No. _____
 City Oak Grove Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Martha Susan 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 wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 29, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 3 27

8. Trade, profession, or particular kind of work done, as spinning, sawyer, bookkeeper, etc. house wife

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.

13. NAME Eli Parent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Eliza Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Joe Wilkinson
 (ADDRESS) Oak Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shore Cem DATE 1/27-1939

19. UNDERTAKER Gowlett
 (ADDRESS) Oak Grove Mo.

20. FILED Jan. 30, 1939 Mrs. A. H. Mann
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25 1939

22. I HEREBY CERTIFY That I attended deceased from Jan. 18 1939 to Jan. 25 1939
 Last saw her alive on Jan. 25 1939. Death is said

to have occurred on the date stated above, at 10:30 a.m.

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

Cerebral hemorrhage Date of onset 1/19/39

Other contributory causes of importance:
arteriosclerosis 1920
hypertension 12/25

Name of operation None Date of _____
 What test confirmed diagnosis? clinical 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 none
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) [Signature] M. D.
Oak Grove Mo. (Address) 3164

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.

