

REC'D MAR 16 1939

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

6211

Do not use this space.

1. PLACE OF DEATH

(a) County Chariton Registration District No. 175
(b) Township Coebell Primary Registration District No. 5247 Registered No. 6
(c) City Brunswick (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 326 James Curtis Fitzgerald St.
(Usual place of abode, if no street address, write county or city) (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27-1865

7. AGE YEARS 74 MONTHS 0 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as 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 James Marion Fitzgerald

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

15. MAIDEN NAME Belle Gee

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

17. INFORMANT (ADDRESS) Mildred Fitzgerald

18. BURIAL, CREMATION, OR REMOVAL PLACE Fitzgerald Cem. DATE 2/10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. B. Winkelmeier
Salisbury, Mo.

20. FILED 7/8 1939 W. P. Hastings Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8 1939, to Feb. 8 1939

I last saw him alive on Feb. 8 1939 Death is said to have occurred on the date stated above, at 2:40 m.

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

Cerebral Hemorrhage Date of onset 7/8-39

Other contributory causes of importance:

Name of operation none 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) W. P. Hastings M. D.

(Address) Brunswick Mo. 163

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/3/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Geo B Winkelman

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Geo B Winkelman

Licensed Embalmer No.

2125

P. O. Address

Saline Valley

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.