

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

31742
Do not use this space.

1. PLACE OF DEATH **1939**
 (a) County Andrew Registration District No. 16
 (b) Township Rochester Primary Registration District No. 5020 Registered No. 8
 (c) City Helena, Mo. or (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 6 yrs. mon. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Ida May Fitchall
 (a) Residence, No. Helena, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county & city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Riley Fitchall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 24
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Des Moines Iowa

FATHER 13. NAME Henry Ford C
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Susanne Warden

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

17. INFORMANT (NAME) (ADDRESS) Wm B Fitchall
Helena Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Sept 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lucile M. Wilson
Spring City, Mo.

20. FILED Sept 16 1939 Lola E. Frank
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1939 to Sept 15 1939
 I last saw her alive on Sept 14 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 Sept 15
2 ml. attack
 Other contributory causes of importance: old
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemic 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) E M Reynolds M. D.
Helena Mo (Address)

WRITE PLAINLY, 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.

NO. 11,
District No. 1039-1288
Date filed OCT 13 1939

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Lucile M. Wilson*

Licensed Embalmer No. *2830*

P. O. Address *King City, Mo.*

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.