

JUL 13 1939

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

22593  
Do not use this space.

1. PLACE OF DEATH  
(a) County Dwight Registration District No. 508  
(b) Township Chillicothe Primary Registration District No. 5674  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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 Joseph M. Fitzpatrick  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 (OR) WIFE OF Mary Fitzpatrick  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 - 1873  
7. AGE YEARS 65 MONTHS 8 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) Sheldon Iowa  
13. NAME John Fitzpatrick  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
15. MAIDEN NAME Catherine Ragan  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada  
17. INFORMANT (ADDRESS) Mrs. Eliza Williams Chillicothe Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE June 30, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James Gordon Chillicothe Mo  
20. FILED 6-30 1939 H. M. Wallace, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 28, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1938, to June 28, 1939  
I last saw him alive on June 28, 1939. Death is said to have occurred on the date stated above, at 12:50 p.m.  
The principal cause of death and related causes of importance were as follows:  
Carcinoma of Prostate Gland Date of onset 1938  
Other contributory causes of importance: 51  
Name of operation Transurethral resection of prostate Date of July 19 - 1939  
What test confirmed diagnosis Clinical & Laboratory Was there an autopsy? NO  
23. If death was due to external causes (violence), list 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) A. Gallier, M. D.  
(Address) Chillicothe Mo

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.

RECEIVED

District Health Officer No. 11,  
District File No. 739 827  
Date Filed JUL 12 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.....

James D Gordon - ..... , Registered Apprentice No. —  
working under my personal supervision.

Signed James D Gordon  
Licensed Embalmer No. 1870  
P. O. Address Levelliothe?

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.