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

AUG 23 1929

Do not use this space.

24002

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124
Township Byrd — Primary Registration District No. 4070
City Jackson, Mo (No. ..... St. ..... Ward) — File No. ..... Registered No. 34

2. FULL NAME August Herman Fitzgibbon

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Willie M. Hensel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	5	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pocahontas
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Andrew Fitzgibbon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Austria Hungary
12. MAIDEN NAME OF MOTHER Effie Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky Hungary

14. INFORMANT Miss Bess Fitzgibbon
(Address) Jackson Missouri

15. FILED 7-5-29 D. G. Sutton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1927 to July 3 1929, that I last saw h[illegible] alive on July 2 1929, and that death occurred, on the date stated above, at about 2:00 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatitis (Chronic) Edriosyncrasy Attacks of Purpuratic Character and attended with Ascites (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED At place of death
IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) B. K. Kays, M. D
7/5, 1929 (Address) Jackson, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cable Creek Cemetery	July 5 1929
20. UNDERTAKER	ADDRESS
W. E. Crosby Furniture & Undertaking Co	Jackson Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state