

Birth No. 12471

State File No.

1. PLACE OF DEATH a. County Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. State Iowa b. County Johnson	
b. City (If outside corporate limits, write RURAL and give township) or Town Iowa City		c. City (If outside corporate limits, write RURAL and give township) or Town Iowa City	
d. Full Name of Hospital or Institution 420 S. Clinton St.		d. Street Address (If rural, give location) 420 S. Clinton St.	
3. NAME OF DECEASED (Type or Print) a. (First) Mrs Anna b. (Middle) F. c. (Last) Moylan		4. Date of Death June 8, 1950 (Month) (Day) (Year)	
5. Sex F	6. Color or Race W	7. Married, Never Married, Widowed, Divorced (Specify) Widowed	8. Date of Birth Oct. 10, 1851
9. Age (In years last birthday) 98		If Under 1 Yr. Mos. Days Hours Min.	
10a. Usual Occupation (Give kind of work done during most of working life, even if retired) Housewife		10b. Kind of Business or Industry Own Home	11. Birthplace (State or foreign country) Iowa
12. Citizen of What Country? USA		13. Father's Name James Fitzpatrick	
14. Mother's Maiden Name Mary Fitzpatrick		15. Was Deceased Ever in U.S. Armed Forces? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. Social Security No. None		17. INFORMANT'S SIGNATURE J. H. Biller	
18. Cause of Death Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. Disease or Condition Directly Leading to Death* (a) Cerebral Hemorrhage Antecedent Causes Old age - 98 1/2 yrs Due to (b) Old age - 98 1/2 yrs Due to (c) II. Other Significant Conditions Conditions contributing to the death but not related to the disease or condition causing death.	
19a. Date of Operation		19b. Major Findings of Operation	
20. Autopsy? Yes <input type="checkbox"/> No <input type="checkbox"/>		Interval Between Onset and Death 10 days	
21a. Accident Suicide Homicide (Specify)	21b. Place of Injury (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (City, Town, or Township) (County) (State)	
21d. Time of Injury (Month) (Day) (Year) (Hour) (m.)	21e. Injury Occurred White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>	21f. How Did Injury Occur?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. ATTENDANT'S SIGNATURE J. Moore		23b. Address Iowa City, Ia	
23c. Date Signed 6-13-50			
24a. Burial, Cremation, Removal (Specify) Burial	24b. Date June 12/50	24c. Name of Cemetery or Crematory St. Joseph's	24d. Location (City, town, or county) (State) Iowa City, Iowa
25. FUNERAL DIRECTOR'S SIGNATURE J. H. Biller		Address Iowa City, Iowa License Number 666	
26. Date Rec'd by Local Registrar 6/16/50		REGISTRAR'S SIGNATURE Wm L Kanak	File Number 386

Iowa, U.S., Death Records, 1880-1904, 1921-1952

Record Index

Name: Mary Fitzpatrick
Maiden Name: Fitzpatrick
Gender: Female
Race:
Marital Status:
Age:
Birth Date:
Birth Place:
Death Date:
Death Place: USA
Burial Date:
Burial Place:
Spouse: James Fitzpatrick
Child: Anna F Moylan

Source Information

Record Url: https://www.ancestry.com/imageviewer/collections/61442/images/104073004_01581

Source Citation: State Historical Society of Iowa; Des Moines, Iowa; Iowa Death Records, 1888-1904

Source Information Ancestry.com. *Iowa, U.S., Death Records, 1880-1904, 1921-1952* [database on-line]. Lehi, UT, USA: Ancestry.com Operations, Inc., 2017.

Original data: Iowa Deaths, 1880-1904. State Historical Society of Iowa, State Archives, Des Moines, Iowa.; Iowa, Deaths, 1920-1951. State Historical Society of Iowa, State Archives, Des Moines, Iowa.