

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.

PLACE OF DEATH

County Adair
 Township Wilson
 or
 Village Gibbs
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

 Registration District No. 3 File No. 18451

 Primary Registration District No. 4003 Registered No. 1

 FULL NAME Samuel Bartlett Mitchell

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED, WIDOWED OR DIVORCED <u>married</u> (Write the word)
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 DATE OF BIRTH Jan 15, 1831
 (Month) (Day) (Year)

 AGE 79 yrs. 14 mos. 14 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

 OCCUPATION
 (a) Trade, profession, or particular kind of work Retired Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) none

 BIRTHPLACE
 (City or town, State or foreign country) Carroll Co. Ky.

PARENTS	NAME OF FATHER <u>Gas Mitchell</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky.</u>
	MAIDEN NAME OF MOTHER <u>Sophia Williams</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ky.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) L M Mitchell
 (ADDRESS) La Plata Mo

 Filed 1-30 J. D. Snyff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3	DATE OF DEATH <u>Jan 29, 1910</u> (Month) (Day) (Year)
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 I HEREBY CERTIFY that I attended deceased from Jan 26, 1910, to Jan 28, 1910, that I last saw him alive on Jan 28, 1910, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

1. Aortic Aneurysm
2. Hemorrhage into Brain
3. From Colic
 (Duration) ____ yrs. ____ mos. ____ ds.

 Contributory
 (SECONDARY)

 (Signed) W. G. Habbert M. D.
Feb 2, 1910 (Address) Gibbs mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

 At place of death 14 yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL <u>Wilson - Adair Co.</u>	DATE OF BURIAL <u>Feb 3, 1910</u>
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UNDERTAKER <u>Foster R. Early</u>	ADDRESS <u>Barker mo.</u>
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