

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

Do not use this space.

13003

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City..... (No. St. Johns Hospital) St. _____ Ward _____

File No. 3291
 Registered No. _____

2. FULL NAME Emmelia Mitchell

(a) Residence. No. 1203 Missouri Ave. St. 212 Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harvey Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 | 9 | 9 | 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home 1220
 (b) General nature of industry, business, or establishment in which employed (or employer) 179
 (c) Name of employer _____

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

10. NAME OF FATHER John Nicholas

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alsace
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nicholena Haste

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Copenhagen
 (STATE OR COUNTRY)

14. INFORMANT Charles Laurer
 (Address) 4542 Forest Park

15. FILED APR -5 1927 Max Starkeoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at L.S.P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Generalized Peritonitis
118 Pulver (duration) _____ yrs. _____ mos. 6 da.
 CONTRIBUTORY Intestinal Obstruction (SECONDARY) following adhesions due to a former operation for appendicitis (duration) _____ yrs. _____ mos. 2 da.
 18. WHERE WAS DISEASE CONTRACTED 12 or 13 yrs ago
 IF NOT AT PLACE OF DEATH: _____

8. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. Chownmuller, M.D.
 .19 (Address) 10 35 Mason Bl

*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 Park Lawn DATE OF BURIAL 4-6-1927

20. UNDERTAKER Southern ADDRESS 7315
S. Body

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.

to James White
Mrs. White Bldg

1917

1921
1922
1923

52