

APR 23 1927

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

Do not use this space.

14195

1. PLACE OF DEATH

County Buchanan
Towship
City St. Joseph, Mo. (No. Noyes Hospital)

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 481
St. Ward

2. FULL NAME William W. Mitchell

(a) Residence No. 1902 South 9th Streets St. Ward.

Length of residence in city or town where death occurred 0 yrs. 10 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
34 1 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter and Paper-Hanger
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Schull and Chipps

9. BIRTHPLACE (CITY OR TOWN) Dallas,
(STATE OR COUNTRY) Texas

PARENTS

10. NAME OF FATHER Scott Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sherman
(STATE OR COUNTRY) Texas.
12. MAIDEN NAME OF MOTHER Sarah Conner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lesley
(STATE OR COUNTRY) Michigan.

14. INFORMANT Mrs. Sarah Mitchell
(Address) 1902 South 9th Street

15. FILED 6 1927 REGISTRAR John G. [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4, 1927

17. new
HEREBY CERTIFY That I attended deceased from May 5, 1927 to May 5, 1927
that I last saw him alive on May 5, 1927 and that death occurred, on the date stated above, at 11:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

94A 89
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? new & history of symptoms
(Signed) Wm. Mans. Carver, M. D.
5/6, 1927 (Address) St Joseph 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 Mt. Mora DATE OF BURIAL May 6, 1927

20. UNDERTAKER Fleuman - Paris ADDRESS 1208 Francis

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.

