

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

Do not use this space.

23721 M

OCT 24 1927

**1. PLACE OF DEATH**

County Butler Registration District No. 89  
 Township Poplar Bluff Primary Registration District No. 5-131  
 City (No. ....) St. .... Ward .....

File No. ....  
 Registered No. 2-18

**2. FULL NAME**

Thomas Berry Mitchell

(a) Residence. No. .... St. .... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elda May Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 23-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 5 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

**10. NAME OF FATHER**

Alfred Mitchell

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

**12. MAIDEN NAME OF MOTHER**

unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

**14.**

INFORMANT Lehas Mitchell  
 (Address) Poplar Bluff, Mo

**15.**

FILED 9/3 1927 W. S. Bailey  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Aug 3, 1927

and I last saw him alive on Aug 11, 1927, and that death occurred, on the date stated above, at 11 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary tuberculosis  
2 1/2 yrs (duration) 2 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. S. Bailey, M. D.

Sept. 3, 1927 (Address) Poplar Bluff, 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**

Green Hill Aug 4 1927

**20. UNDERTAKER**

**ADDRESS**

Grand Union Co Poplar Bluff, Mo

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.

