

OCT 4 1927

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

Do not use this space.

26192

1. PLACE OF DEATH

County Saline

Registration District No. 796

File No.

Township Marshall, Mo.

Primary Registration District No. 3038

Registered No. 109

City Marshall, Mo.

St. Ward)

2. FULL NAME

Delia Mitchener

(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 Female 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) July 13, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min. 2 | 10 | 15

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work ✓
- (b) General nature of industry, business, or establishment in which employed (or employer) ✓
- (c) Name of employer ✓

9. BIRTHPLACE (CITY OR TOWN) Harrison, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Lawrence Mitchener

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrison, Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Gladman Eaton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrison, Mo. (STATE OR COUNTRY)

14. INFORMANT Gladman Eaton (Address) Marshall, Mo.

15. FILED 8/29, 1927 D. Manning Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-28 1927

17. I HEREBY CERTIFY That I attended deceased from 8-25, 1927, to 8-28, 1927 that I last saw h. alive on 8-27, 1927 and that death occurred, on the date stated above, at 2:20 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS: 120A Cholera Infantum; (Antecedent Dehydration)

CONTRIBUTORY (SECONDARY) 1140

18. WHERE WAS DISEASE CONTRACTED home IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) Roy McKinney, M. D. 8/28, 1927 (Address) nursing home

*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 Ridge Park Cem. DATE OF BURIAL Aug 28, 1927

20. UNDERTAKER Vandiver List ADDRESS Marshall, 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.

