

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

Do not use this space.

28127 B

1. PLACE OF DEATH

County Ripley
Township Rehoboth
City Violet (No. St. Ward)

Registration District No. 751
Primary Registration District No. 5990

File No. 188
Registered No. 29

2. FULL NAME

Violet Cora Bell 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 ♀ 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

6. A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7, 1924

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 5 4

9. OCCUPATION OF DECEASED

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

10. BIRTHPLACE (CITY OR TOWN) Naylor
(STATE OR COUNTRY) Ripley Co. Mo.

11. NAME OF FATHER Annis Mitchell

12. BIRTHPLACE OF FATHER (CITY OR TOWN) Osca
(STATE OR COUNTRY) Balard Co. Ky.

13. MAIDEN NAME OF MOTHER Lillie Dress

14. BIRTHPLACE OF MOTHER (CITY OR TOWN) Douglas
(STATE OR COUNTRY) Ripley Co. Mo.

15. INFORMANT Erin Mitchell
(Address) Naylor, Mo.

FILED 19/11 1927 Stouffert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1927

17. I HEREBY CERTIFY. That I attended deceased from Sept 4 1927 to Sept 12 1927 that I last saw alive on Sept 12 1927 and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

also submit
113 (duration) yrs. mos. ds. 10
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH DATE OF

20. WAS THERE AN AUTOPSY

21. WHAT TEST CONFIRMED DIAGNOSIS Spinal Meningitis

(Signed) M. D.

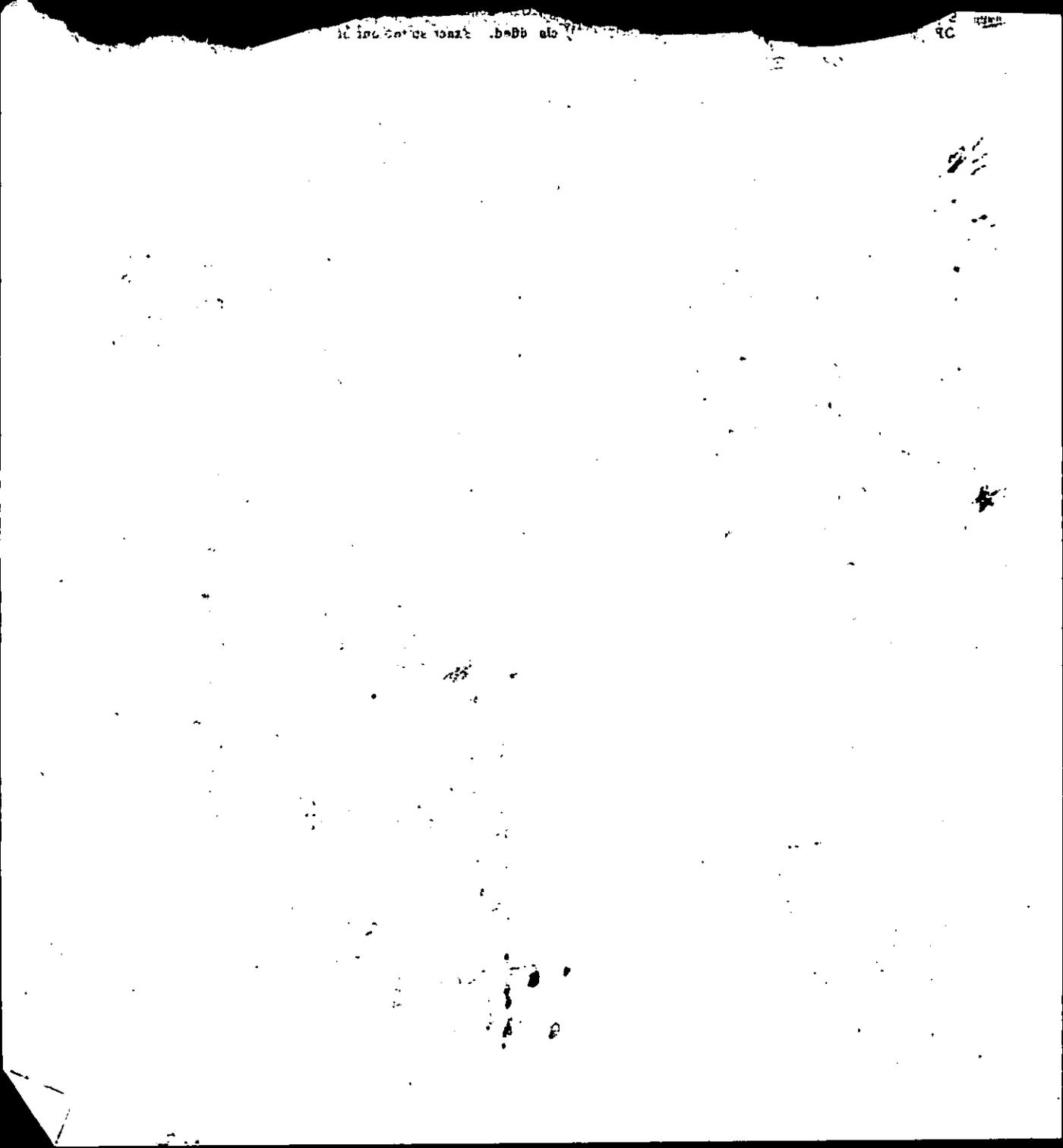
Address Naylor, Mo.

*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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Spring Hill DATE OF BURIAL 9/13/1927

23. UNDERTAKER Mrs. Rebeck ADDRESS Naylor

CAUSE OF DEATH - Properly classified. Exact statement of cause of death.



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Ripley Registration District No. 73-1 File No. 188
 Township Thomas Primary Registration District No. 7990 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Violet Cora Bell 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 5 7

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) _____
 (STATE OR COUNTRY) _____

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14.

INFORMANT _____
 (Address) _____

15.

FILED 7/29 1928

Heubert
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 19 27

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

, 19 _____ (Address)

*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 _____

20. UNDERTAKER _____

ADDRESS _____

N. B.—Every death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death. REGISTERARS should be carefully supplied. If statement of OCCUPATION is very important. REGISTERARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-28127B