

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

Do not use this space.
Sayer
30105
File No. _____
Registered No. **601** _____
St. _____ Ward _____

1. PLACE OF DEATH
County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield (No. 1927) N. Benton ave St. _____ Ward _____
2. FULL NAME Abidah C. Mitchell
(a) Residence. No. 1927 N. Benton ave 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 M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 22 - 1858
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. _____ min.
68 11 9
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Postmaster
(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) Missouri
10. NAME OF FATHER George Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER William
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT J. J. Mitchell
(Address) St Louis Mo.
15. FILED 9/2 27 19 Oct 27 1927
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1927
17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927, to Sept 27, 1927, that I last saw him alive on Sept 27, 1927, and that death occurred, on the date stated above, at _____ m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: HP

131
1328
Interstitial nephritis
(duration) unk. yrs. mos. ds.
CONTRIBUTORY Curious Conwelson
(SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no. DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS personal analysis
(Signed) J. B. Sayer, M. D.
, 19 1927 (Address) 629 Woodrow

*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 Lawn Cemetery Oct 2 1927
20. UNDERTAKER ADDRESS
J. A. Klingner & Co Springfield 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.

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