5

FEB 23 1928

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

Do not use this space.

2107

1. PLACE OF DEATH
County: Phelps — Registration District No. 678 — File No.
Township: St James — Primary Registration District No. 4404 — Registered No.
City: St James Mo (No. ..., ... St. ... Ward)

2. FULL NAME: Forest R. Mitchell

(a) Residence. No. St James Mo 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. 1 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): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec-6-1915

7. AGE: Years 12 — Months 1 — Days 18 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: attending school
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Flammy
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Robert Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Iron Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mary Brand
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Crawford Co
(STATE OR COUNTRY): Mo

14. INFORMANT: Robert Mitchell
(Address): St James Mo

15. FILED 1-24 1928 Henry F. Walters, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-24 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 9th, 1928, to Jan 24th 1928 that I last saw him alive on Jan 23 1928, and that death occurred, on the date stated above, at 12 o'clock m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
(duration) ... yrs. ... mos. 7 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Natural
(Signed) R. B. Underwood M. D
1-24 1928 (Address) St James 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: Hoffline Mo — DATE OF BURIAL: 1-25 1928

20. UNDERTAKER: W E Lickliter — ADDRESS: St James 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.