282.

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

Do not use this space.

30054

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)
Registration District No. 213
Primary Registration District No. 3014
File No.
Registered No. 232

2. FULL NAME Paul Edward Mitchell
(a) Residence. No. ..... St., ... Ward. Linn Mo
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18-1917

7. AGE: Years 11 | Months 7 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Leadwood
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Homer Q Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Francois Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Gertrude Oder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cedar Co
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs Gertrude Carroll
(Address) Linn Mo

15. FILED 10-6, 1928 S V Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis

(duration) ..... yrs. ..... mos. ..... ds.

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) S. W. Bedford, M. D
, 19 (Address) J. C. 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: Linn Cem
DATE OF BURIAL: Sept 28 1928

20. UNDERTAKER: Hanson & Tanner
ADDRESS: J. C. Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County ..... Registration District No. 213 File No. .....

Township ..... Primary Registration District No. 3014 Registered No. 232

City Yerson (No. ....., ... St. ..... Ward)

2. FULL NAME Paul Edward Mitchell

(a) Residence. No. ..... St., ... Ward. Linn Mo
(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): S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18-1917

7. AGE: YEARS 11 | MONTHS 7 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Leadwood Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Homer Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Francis Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Gertrude Oder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cedar City Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Gertrude Carroll
(Address) Linn Mo.

15. FILED 11-3, 1928 S V Bedford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 16 1928 to Sept 26 1928 that I last saw him alive on Sept 26 1928, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Peritonitis appendicitis
(duration) ..... yrs. ..... mos. ..... ds.

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) S V Bedford, M. D
9-26, 1928 (Address) Jefferson City Mo 5

*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: Linn Cem
DATE OF BURIAL: Sept 2 1928

20. UNDERTAKER: Dawson & Tanner
ADDRESS: E C Mo

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFA...

N. B.—Every item of information should be carefully supplied. AGE sh... is very important.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stater...

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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