

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

Do not use this space.

30227

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield

Registration District No. 318
Primary Registration District No. St. Johns Hospital

File No. _____
Registered No. 660
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1402 N. Grant St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5-1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 3 14

8. OCCUPATION OF DECEASED
(a) Trade, profession or particularly kind of work Stock Commissioner 3 months (duration) yrs. mos. da.
(b) General nature of industry, business, or establishment in which employed (or employer) Merchant 34
(c) Name of employer 36

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

10. NAME OF FATHER James L. Mitchell

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

12. MAIDEN NAME OF MOTHER Elizabeth Tucker

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

14. INFORMANT Mrs. E. M. Mitchell
(Address) Springfield, Mo.

15. FILED 9-20-28 Oct 20 1928
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 19 1928

17. I HEREBY CERTIFY, That I attended deceased from August 13, 1928, to September 19, 1928.
That I last saw him alive on September 19, 1928, and that death occurred, on the date stated above, at 6 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Adrenal poisoning (Ganglioplegia fulminans)

CONTRIBUTORY (SECONDARY) Lues
5 to 6 (duration) yrs. mos. da.

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? outlet appearance at postmort
(Signed) W. R. Ranshaw, M. D.
1928 (Address) Lambert Building 710, Springfield, 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 Brighton Mo. DATE OF BURIAL Sep 21 1928

20. UNDERTAKER W. Klingner & Co ADDRESS 427 E. Court
Springfield, Mo.

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.

DEPARTMENT RECORD

U.S. 100