

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

Do not use this space.

31756

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **9002**
St. - - - - - Ward

2. FULL NAME

Mary Ruth Mitchell

(a) Residence. No. *Licking Mo. St.* *12* Ward. *Licking 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 *Female* 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 23 1913*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>14</i>	<i>8</i>	<i>13</i>	

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

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

10. NAME OF FATHER *P.E. Mitchell*

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

12. MAIDEN NAME OF MOTHER *Jennie Cameron*

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

14. INFORMANT *P.E. Mitchell*
(Address) *Licking Mo.*

15. FILED *SEP - 7 1928* *Mar @ Stamer*
19. _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 6th 1928*

17. I HEREBY CERTIFY That I attended deceased from *Sept 5th* 19*28*, to *Sept 6th* 19*28* that I last saw her alive on *Sept 6th* 19*28*, and that death occurred, on the date stated above, at *9 P.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
12:15
12:15
General Peritonitis
(duration) yrs. mos. *3* ds.

CONTRIBUTORY (SECONDARY) *Acute Appendicitis (Ruptured appendix)*
(duration) yrs. mos. *8* ds.

18. WHERE WAS DISEASE CONTRACTED *Licking Mo*
IF NOT AT PLACE OF DEATH? *Yes*

DATE OF OPERATION PRECEDING DEATH *Sept 6th 1928*

WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS? *clinical and operative*

(Signed) *John D. Stanger*, M.D.
(Address) *Metro of St. Louis 1829*

*State the MANNER 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 *Licking Mo.* DATE OF BURIAL *Sept 7 1928*

20. UNDERTAKER *Philander Craig Washington*
ADDRESS *4468*

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

R. 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.

