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

Do not use this space.

33518

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City K.C. Mo (No. 1325 Pacific St. Ward)
File No.
Registered No. 4056

2. FULL NAME William Mitchell
(a) Residence. No. 1325 Pacific St. 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF: Mrs Nora Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 8, 1877

7. AGE: 50 Years — Months: 9 — Days: 26 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Hod Carrier
(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): Leavenworth Kan.

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Nora Mitchell
(Address) 1325 Mitchell

15. FILED 10/5, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-4- 1928

17. I HEREBY CERTIFY: That I attended deceased from 7-18-, 1928, to 10-4-, 1928 that I last saw him alive on 10-4-, 1928, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Pericarditis with Effusion
131 / 908 [illegible] (duration) yrs. mos. 3 wks ds.

CONTRIBUTORY (SECONDARY): Chr. Parenchymatous nephritis (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Jas. S. Wells M.D.
10/5, 1928 (Address) 1433 E 18th St K.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: Westlawn
DATE OF BURIAL: 10/8 1928

20. UNDERTAKER: H B Moore
ADDRESS: 1820 E 18