

FEB 23 1929

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.

# 2012-B

1. PLACE OF DEATH  
 County Putnam Registration District No. 668  
 Township Sedalia Primary Registration District No. 3032  
 City Sedalia (No. ....) St. .... Ward) .....

2. FULL NAME Thomas A. Mitchell  
 (a) Residence. No. .... St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 2 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 W - 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10 = 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 11 19

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

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

10. NAME OF FATHER James Mitchell

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

12. MAIDEN NAME OF MOTHER Mary Hollis

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec = 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1927, to Dec 29 1928 that I last saw h.a.m. alive on Dec 29 1928, and that death occurred, on the date stated above, at 4 2 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Valvular Heart Disease  
mitral regurgitation  
96 A

CONTRIBUTORY (SECONDARY) 9000

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH, .... DATE OF .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. E. Mitchell, M. D.  
 , 19 (Address) Sedalia 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 La Monte, Mo. DATE OF BURIAL Dec 31 1928

20. UNDERTAKER B. F. Parker ADDRESS La Monte Mo

14. INFORMANT W. J. E. Mitchell  
 (Address) Sedalia Mo

15. FILED 1-7-29 J. J. Love  
 REGISTRAR

