

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.

1655

246

1. PLACE OF DEATH

County Jackson
Township Franklin
City K.C.MO.

Registration District No. 395Primary Registration District No. 11892File No. 246Registered No. 11892Sl. 11892 Ward 11892**2. FULL NAME**

(a) Residence. No. 1816 Grove St. 1816 Grove Ward. 1816 Grove
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 21 mos. 0 ds. How long in U.S., if of foreign birth? yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE colored 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) Aug. 24, 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 1897 4 10 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) K.C.
(STATE OR COUNTRY) MO.

PARENTS

10. NAME OF FATHER Mitchell Will

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

12. MAIDEN NAME OF MOTHER Mitchell Nellie

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

14. INFORMANT Mitchell Nellie
(Address) 1816 Grove

15. FILED 1-17-29 M. M. Curren
ask REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-4-1929

17. I HEREBY CERTIFY, That I attended deceased from 12-24-1929, to 1-4-1929, that I last saw him alive on 1-3-1929, and that death occurred, on the date stated above, at 726 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
238 (duration) ? yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

(duration) ? yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Clinical Laboratory

(Signed) Howard M. Smith, M. D.

1/5, 19 29 (Address) Old City Hosp. 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 DATE OF BURIAL

Blue Ridge Tavern 1/17 19 29

20. UNDERTAKER ADDRESS

West Apptment 1600 E 19th

