

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

Do not use this space.

21698
2838

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....399.....
Township.....Kaw..... Primary Registration District No.....
City.....Kansas City..... (No. 5420 Baltimore 1002)..... St.Ward)

File No.....
Registered No.....

2. FULL NAME.....William Ansal Mitchell.....

(a) Residence. No.....5420 Baltimore St.,8 Ward. (If nonresident give city or town and State)

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.

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 Maude N. Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 5 26

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

9. BIRTHPLACE (CITY OR TOWN).....Gaspert.....
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
(STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
(STATE OR COUNTRY) not known

PARENTS

14. INFORMANT J. C. Nichols
(Address) 1214 Sante Fe Road

15. FILED 6/8/29 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1929 to June 27, 1929
that I last saw him alive on June 27, 1929, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - angina pectoris
1215
930 (duration) yrs. 1 1/2 mos. da.

CONTRIBUTORY (SECONDARY) bronchopneumonia; cerebral
oedema appendiculi (duration) yrs. mos. da. 20 da.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical signs
(Signed) Lindsay C. Dulane, M. D.
June 27, 1929 (Address) 1500 Fed Res Bld Bery.

*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 Clatke, Kansas DATE OF BURIAL 6/29 1929

20. UNDERTAKER Sture & M. Clure ADDRESS 3235 Hillham Plaza.

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.

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RECORD

