

50  
25  
2  
7  
1929  
18  
1  
31

PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Every item of information should be carefully supplied.

*Final*

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

Do not use this space.

21874

1. PLACE OF DEATH  
 County Jefferson Registration District No. 420  
 Township Walth Primary Registration District No. 3022  
 City Osoto No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Joe Mitchell  
 (a) Residence No. 704 Lincoln Rd. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 63 yrs. mos. da. How long in U.S., if of foreign birth? 63 yrs. mos. da.

File No. \_\_\_\_\_  
 Registered No. 62  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 17 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 4 8

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) Grave digger  
 (c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Abner Mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not Known  
 (STATE OR COUNTRY) Not Known

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT Clema Coleman  
 (Address) 704 Lincoln Rd.

15. FILED 7/16 1929 D. K. Pughly REGISTRAR

1. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-25 1929

17. I HEREBY CERTIFY That I attended deceased from 4-12 1929, to 6-25 1929, that I last saw him alive on 6-24 1929, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
87A 2nd Street

CONTRIBUTORY (SECONDARY) 7401 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED No  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical  
 (Signed) Chas. E. Falcut, M. D.  
626, 1899 (Address) Osoto 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 City Cemetery DATE OF BURIAL 6-28 1929

20. UNDERTAKER Richardson Motherhead ADDRESS Osoto Mo

