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.

AUG 28 1929

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

Do not use this space.

25493

1. PLACE OF DEATH
County: Platte
Township: Fair
City: ..... (No. ..... St. ..... Ward)

Registration District No. 696
Primary Registration District No. 5925

File No. .....
Registered No. 22

2. FULL NAME: Edd 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 ..... 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gazell Girton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb-4-1890

7. AGE: Years 39 | Months 5 | Days 1 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Elgin
(STATE OR COUNTRY): Nebr.

PARENTS

10. NAME OF FATHER: Hout Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ✓
(STATE OR COUNTRY): ✓
12. MAIDEN NAME OF MOTHER: Ella Schell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Ind
(STATE OR COUNTRY):

14. INFORMANT: Mrs. Edd Mitchell
(Address): Platte City, Mo

15. FILED July 11, 1929 Mary B. Knight, REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 5th 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr Fifteenth, 1929, to July 4th, 1929, that I last saw him alive on July 4th, 1929, and that death occurred, on the date stated above, at Eleven 25 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Stenosis and Dropsy
(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY): Influenza
(duration) ..... yrs. ..... mos. One ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Louis, Mo
DID AN OPERATION PRECEDE DEATH? No. DATE OF none
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Yes
(Signed) Dr J D Karr, M. D
, 19 (Address) Leavenworth, Kansas

*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: Council Bluffs Iowa
DATE OF BURIAL: 7-9-1929

20. UNDERTAKER: J. F. Rollins
ADDRESS: Platte City