

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

Do not use this space.

28360

**1. PLACE OF DEATH**

County Wagoner  
Township Wagoner  
City Wagoner (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 407  
Primary Registration District No. 4241

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Wm. M. Mitchell  
(a) Residence. No. 702 N. Lewis 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 Lucene Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	61	11	21	

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

9. BIRTHPLACE (CITY OR TOWN) Barry County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Idred  
(STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Polly Druman

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

14. INFORMANT Mrs. Lucene Mitchell  
(Address) Wagoner, Mo.

15. FILED 8/10/29 C. D. K. Registrar  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1928, to Aug 8, 1929, that I last saw him alive on Aug 5, 1929, and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cancer of face.

CONTRIBUTORY (SECONDARY) 52 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. M. Letcher, M. D.

10.32.29 Wagoner, 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 Wagoner, Mo. DATE OF BURIAL 8/11 1929

20. UNDERTAKER Webb City Undertaking Co. Webb City ADDRESS \_\_\_\_\_

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.

49  
SEP 25 1929  
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