

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

Do not use this space.

**1. PLACE OF DEATH**

County Newton  
Township \_\_\_\_\_  
City Neosho

Registration District No. 609  
Primary Registration District No. 4363  
(No. Sale Hospital)

File No. 141537  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Virginia Mitchell

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lu E Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
59      1      10

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Marionville Missouri

10. NAME OF FATHER J. P. Galbreath

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

12. MAIDEN NAME OF MOTHER Florence Dameron

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

14. INFORMANT Margaret Brook  
(Address) Neosho Mo

15. FILED 12/21 1929 C. L. Marcus REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 9:30 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia Rt. lung.  
(duration) \_\_\_\_\_ yrs. mos. 7 ds.

CONTRIBUTORY Disseminated Sclerosis (SECONDARY)  
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1010  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) R. C. Dawson M. D.

12/12 29 (Address) Neosho 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 Kansas City Mo DATE OF BURIAL 12-13 1929

20. UNDERTAKER Bygham's ADDRESS Neosho

53  
 12 JAN 1930  
 4  
 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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WRITE PLAINLY, WITH OMISSION OF UNNECESSARY DETAILS

