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

Do not use this space.

PLACE OF DEATH
County: Ripley
Township: Thomas
City: (No. ; St. Ward)

Registration District No. 751
Primary Registration District No. 5990

File No. A-832
Registered No. 34

2. FULL NAME: William Thomas Mitchener

(a) Residence. No. Naylor Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1929.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Naylor
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: G W Mitchener
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Viola
(STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: May Holder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Poplar Bluff
(STATE OR COUNTRY): Missouri

14. INFORMANT: G W Mitchener
(Address): Naylor Mo.

15. FILED: 1/6, 1930 Hewitt, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1929, to Dec 30, 1929, that I last saw him alive on Dec 30, 1929, and that death occurred, on the date stated above, at 9:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diarrhea & enteritis
Under two years old
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Bottle Feeding
(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? Clinical
(Signed) R. L. Turner, M. D.
12, 31, 1929 (Address) Neelyville Mo.

*State the DISEASE CAUSING DEATH, or if 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: Marble Hill Cemetery — DATE OF BURIAL: Jan 1st 1930
20. UNDERTAKER: Minnie Gish — ADDRESS: Naylor Mo.

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.

THIS IS A PERMANENT RECORD