

MAR 25 1930

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

4184

Do not use this space.

1. PLACE OF DEATH

County Bucaranbar
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
State Hospital #2

File No.
Registered No. 254
St. _____ Ward)

2. FULL NAME

Isabelle Mitchell
(s) Residence. No. Lexington, Missouri St., _____ Ward.

Isabelle Mitchell
(If nonresident, give city or town and State)
Lexington, Mo.

Length of residence in city or town where death occurred yrs. 4 mos. 2 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb, 27, 1930 1930

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17, 1849

17. I HEREBY CERTIFY, That I attended deceased from October 25, 1929 to February 27, 1930, that I last saw him alive on February 27, 1930, and that death occurred, on the date stated above, at 11:05 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 10 10

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Branchial pneumonia (Primary)
1075
11:00 a.m. (duration) yrs. _____ mos. 3 ds.

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

CONTRIBUTORY (SECONDARY) Senility
(duration) Several mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

PARENTS
10. NAME OF FATHER Frank Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Bartick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) Virginia

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) George W. Tompkin M. D.
Feb 27, 1930 (Address) State Hosp #2 St. Joseph Mo.

14. INFORMANT John P. Reardon
(Address) State Hosp #2 St. Joseph 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.

15. FILED FEB 28 1930 1930
John G. [Signature] REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lexington, Missouri DATE OF BURIAL Feb, 28, 1930
20. UNDERTAKER Walter Meinhoffer 1302 ADDRESS Faraon St.

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.

