

MAR 9 1930

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

Do not use this space.

6150

1. PLACE OF DEATH

County *St. Francois*

Registration District No. *773*

File No. _____

Township *Farmington Mo.*

Primary Registration District No. *4464*

Registered No. *26*

City *Farmington Mo.* (No. *1*) (Municipality)

St. _____ Ward _____

2. FULL NAME

Willis A. 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 *3* yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb 13 1930*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Bell - Ferguson (2nd wife)*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 30 1930* to *Feb 13 1930* that I last saw him alive on *Feb 13 1930*, and that death occurred, on the date stated above, at *3 P* m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 14 - 1858*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min. *71 6 1*

Influenza of Broncho-pneumonia - 11A

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

18. WHERE WAS DISEASE CONTRACTED *107A* (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) *11A* (duration) yrs. mos. ds.

10. NAME OF FATHER *Paht Mitchell*

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *St. Francois Co Mo*

IF NOT AT PLACE OF DEATH.

12. MAIDEN NAME OF MOTHER *Nancy Bell*

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *St. Francois Co Mo*

18. WHERE WAS DISEASE CONTRACTED (duration) yrs. mos. ds.

14. INFORMANT *Bell Mitchell Mitchell* (Address) *Farmington Mo.*

WHAT TEST CONFIRMED DIAGNOSIS (Signed) *Geo. S. Watkins*, M. D.

15. FILED *2-15 1930* *J. Robinson* REGISTRAR

2-15, 1930 (Address) *Farmington 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 *Farmington Mo* DATE OF BURIAL *Feb 16 1930*

20. UNDERTAKER *Farmington Und Co.* ADDRESS *Farmington Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Judge Willis Alfred Mitchell, who had lived on a farm near Esther until about a year ago when he located in Farmington, died at his home here yesterday afternoon at 3:10 o'clock. He had been ill for two weeks with a complication of diseases. At the time of going to press, the funeral arrangements had not been made.

He was born Aug. 12, 1858, and was 71 years, six months and one day of age. His first wife preceded him in death. He is survived by his widow and six children, all of whom are of the first marriage. They are Mrs. John Ney, of Bonne Terre; Corine, of Dallas, Texas; Grace and Earl, of Esther; Alfred, of River Rouge, Mich., and C. E., of Collinsville, Ill.

The News extends sincere sympathy to the family in their hour of deep bereavement.