

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

Do not use this space.

8672

**1. PLACE OF DEATH**

County Ladson Registration District No. 395  
 Township Lean Primary Registration District No. 3002  
 City Kansas City (No. Kansas City General Hosp. St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mitchell Sanford Ernest Jr.  
 (a) Residence. No. 321 N. Denver St., \_\_\_\_\_ Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 5, 1930</u>		
7. AGE YEARS <u>✓</u>	MONTHS <u>4</u>	DAYS <u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1930

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1930 to March 6, 1930 that I last saw him alive on March 6, 1930 and that death occurred, on the date stated above, at 2:25 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Prematurity  
159 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) 1610 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) F. E. Williams, M.D.  
-6 . 1930 (Address) Subt K.C. Gen. Hosp.

9. BIRTHPLACE (CITY OR TOWN) K.C.Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Ernest Mitchell

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

12. MAIDEN NAME OF MOTHER Martha Hunt

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

14. INFORMANT Diana Clark  
 (Address) K.C. General Hosp.

15. FILED 3/7 1930 M.M. Crowe  
 REGISTRAR  
Ans

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hughland Park DATE OF BURIAL 3-7-30

20. UNDERTAKER Or West ADDRESS K6 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.

