

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

Do not use this space.

23411

File No. 13  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Lepanto Registration District No. 464  
Township Odessa Primary Registration District No. 4277  
City \_\_\_\_\_ (No. \_\_\_\_\_)

**2. FULL NAME**

J. M. 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Whiddell  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20, 1860  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
70 2 7

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-27 1932  
17. I HEREBY CERTIFY, That I attended deceased from 7-26 1932 to 7-27 1932, that I last saw him alive on 7-26 1932, and that death occurred, on the date stated above, at 7 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral Hemorrhage  
82 R  
97  
102 (duration) yrs. mos. da.  
CONTRIBUTORY Hypertension, arteriosclerosis (SECONDARY) at this person's death (duration) yrs. mos. da.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT PLACE OF BIRTH  
DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
(Signed) W. W. Winters M. D.  
(Address) Odessa Mo

9. BIRTHPLACE (CITY OR TOWN) Russell Co. (STATE OR COUNTRY) Va.  
10. NAME OF FATHER Robt Mitchell  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Va. (STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Martha Fortson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Va. (STATE OR COUNTRY)

\*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.

14. INFORMANT Reason Mitchell (Address) Odessa Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Odessa Cem. DATE OF BURIAL 7/28 1930

15. Aug 9 1932 R. Schroyer Registrar

20. UNDERTAKER L. G. Husman ADDRESS Odessa

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Aug 9 1932

