

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

NOV 21 1930

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

29481

1. PLACE OF DEATH

County Crowford  
Towaship Osage  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 27 1113  
Primary Registration District No. 35765317

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

2. FULL NAME William S. 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ada Mitchell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE (59)	YEARS	MONTHS
	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Crowford Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER \_\_\_\_\_  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Land  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

14. INFORMANT Robert King  
(Address) Baryman Mo

15. FILED Oct 19 1930 J. E. Sanders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/14 - 1930  
17. I HEREBY CERTIFY, That I attended deceased from Oct 1929, to Sept 14, 1930  
that I last saw h. \_\_\_\_\_ alive on Sept 14, 1930, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

59  
As a result of  
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57  
(duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED  
IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Geo. W. Peers M. D.  
, 19 (Address) Steelville Mo.

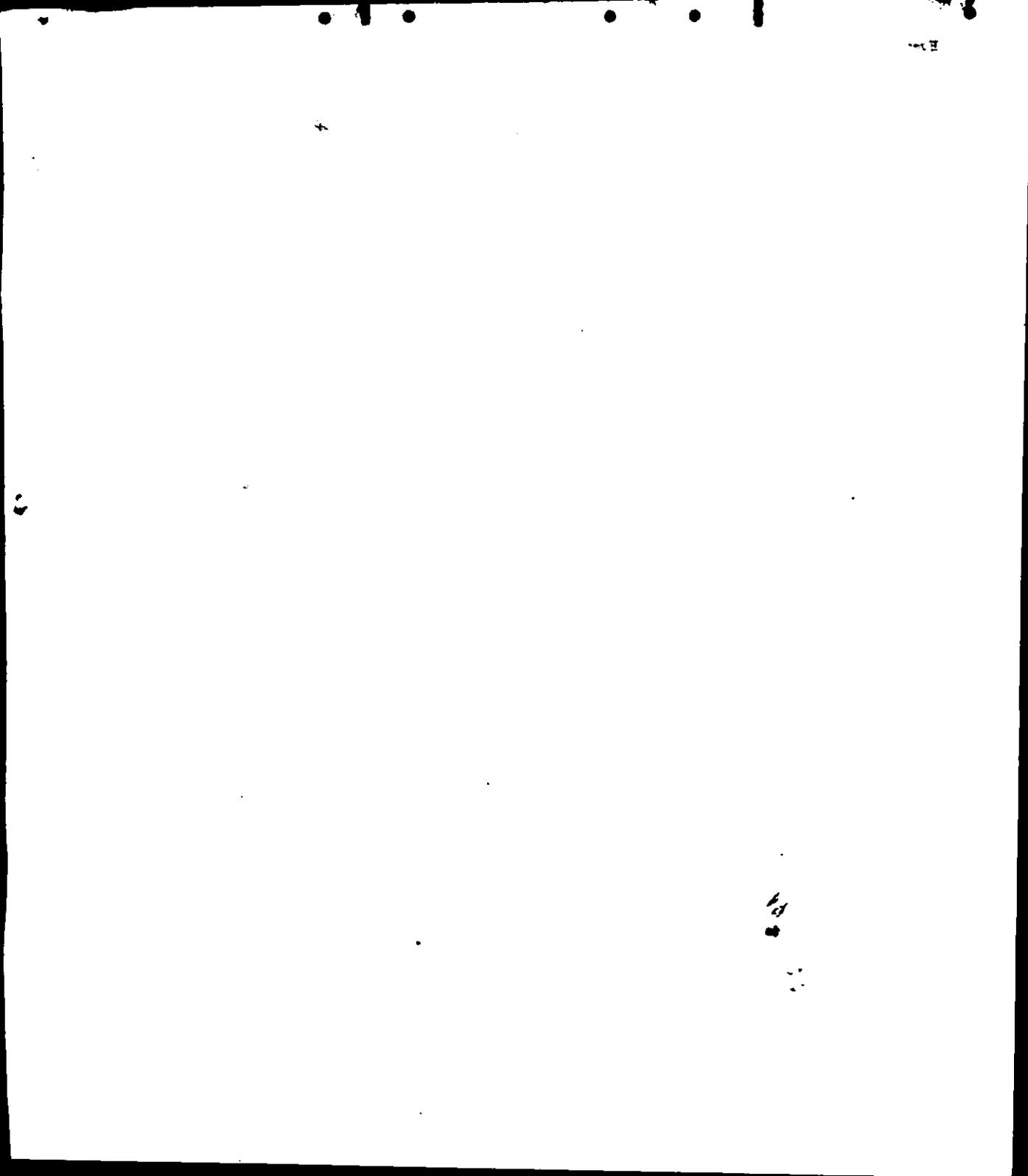
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview Cemetery DATE OF BURIAL 9/15/30  
ADDRESS \_\_\_\_\_

20. UNDERTAKER L. J. Jones Steelville 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.

V. S. 30.1.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Oregon Registration District No. 113 File No. ....  
 Township Osage Primary Registration District No. 3-317 Registered No. ....  
 City (No. ....) Sl. .... Ward)

2. FULL NAME William S. Mitchell  
 (a) Residence No. .... Sl. .... 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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. Unknown

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Labor  
 (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) Sept 14 1930

17. I HEREBY CERTIFY That I attended deceased from Oct - Sept 14 1930 to Sept 14 1930 and that I last saw him alive on Aug 10 1930 and that death occurred, on the date stated above, at 3 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Diabetes  
 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) .. (duration) .. yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croyed Mo

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Land

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

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) Geo W. Reeves, M. D.  
 , 19 (Address) Steelville Mo

14. INFORMANT Rubben King  
 (Address) Berryman Mo

15. FILED 12-11-30 E. E. Felts  
 REGISTRAR

\*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 DATE OF BURIAL  
Fairview Cemetery 9/15 1930

20. UNDERTAKER ADDRESS  
L J Jones Steelville Mo

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

R. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

TEMPORARY SUPPLEMENT

18552-5