

NOV 21 1930

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

Do not use this space

32305

1. PLACE OF DEATH
 County Carroll Registration District No. 135
 Township Carrollton Primary Registration District No. 3010
 City Carrollton (No. 213 East 3rd St. 1st Ward)
 2. FULL NAME Salie N Mitchell
 (a) Residence. No. 213 - East 3rd St. 1st Ward.
 (Usual place of abode)
 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.

File No. 32305
 Registered No. 98
 St. 1st Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [initials]
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-1-1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 29
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Carrollton
 (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER Harrison M. Carson
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mercola Ky
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Jane J. Chick
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henry G. Va
 (STATE OR COUNTRY)

14. INFORMANT H. N. M. Carson
 (Address) Carrollton Mo
 15. FILED 14/31 1930 mes E. E. Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-31 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930 to Oct 26 1930 that I last saw h. alive on Oct 31 1930 and that death occurred, on the date stated above, at 9:29 a.m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Permeation anaemia
MIA
Two or three years (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
 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) H. W. Zell M. D.
10-31, 1930 (Address) Carrollton, 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 Oak Hill Cemetery DATE OF BURIAL 11-2 1930
 20. UNDERTAKER Wells Funeral Home ADDRESS Carrollton 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.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

