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

Do not use this space.

32590

1. PLACE OF DEATH
County Gasconade
Township Richland
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 304
Primary Registration District No. 5421

File No. 22.
Registered No. .....

2. FULL NAME Arthur Mitchell

(a) Residence. No. Quarter boat — W. A. Construction Co., Kansas City, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about	60 years			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work cook on Quarter boat —
(b) General nature of industry, business, or establishment in which employed (or employer) W. A. Construction Co. —
(c) Name of employer Kansas City, Mo.

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

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

14. INFORMANT Gordon H. Hamilton — W. A. Ross
(Address) Construction Co., Kansas City, Mo.

15. FILED 11-26 1930 F. L. Kicker, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 27th 1930.

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
never
that I last saw him alive on ....., 19....., and that death occurred, on the date stated above, at 7 30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
"accidental drowning" — as given in verdict of jury in Coroner's inquest.

213D ..... (duration) ..... yrs. ..... mos. ..... ds.
212 B
CONTRIBUTORY (SECONDARY) 187
..... (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) Dr. Julius Lingenfelder, Coroner
, 19 (Address) Gasconade Co., 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	DATE OF ~~BURIAL~~ Removal
Fair Fax Mo	11-20 1930
20. UNDERTAKER	ADDRESS
Gusco Undertaking Co	Morrison Mo

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: Gasconade — Registration District No.: 304 — File No.:
Township: Richland — Primary Registration District No.: 5421 — Registered No.: 22
City: (No.: St.: Ward:)

2. FULL NAME: Arthur 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4/19/1870

7. AGE: Years 60 — Months 6 — Days 8 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: cook
(b) General nature of industry, business, or establishment in which employed (or employer): W.A. Ross Constr. Co.
(c) Name of employer: Kansas City, Kan.

9. BIRTHPLACE (CITY OR TOWN): near Corydon, Ky
(STATE OR COUNTRY): (Henderson Co.)

PARENTS
10. NAME OF FATHER: Garret Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Brown Co. Ohio
12. MAIDEN NAME OF MOTHER: Marie Antoinette Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Germantown, Mason Co. Ky

14. INFORMANT: Mrs. Anna Philipps (niece of deceased)
(Address): 317 W. 55th St. New York City.

15. FILED: 11-26 1930 — F. L. Kicker — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 27 1930

17. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19.. that I last saw h.. alive on ..., 19.., and that death occurred, on the date stated, about ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
accidental drowning
Verified by Jury
(Finding from Coroner)
(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) Julius Lingenfelder, M. D.
, 19 (Address) Hermann, 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: Fair Oak Mo — DATE OF BURIAL: 11-20 1930
20. UNDERTAKER: Gasco. Undertaking Co. — ADDRESS: Morrison Mo

SUPPLEMENTARY 182

N. B.—Every item of information should be carefully supplied. AGE should be stated in years, months and days. If LESS than 1 day, state hours or minutes. CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIAN'S CERTIFICATION is very important. REGISTRAR'S AUTHORITY TO COMPLETE, AS PRESCRIBED BY LAW, UNTIL

5-32590