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

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.

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

Do not use this space.

399

32974

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Mercy Hospital St. Ward)
Registration District No. 1002
Primary Registration District No.
File No.
Registered No. 4204

2. FULL NAME Melvin Mitchell
(a) Residence. No. 2600 Agnes Preston Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

3

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) Sept 7, 1917

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	13	1	8	

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

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

PARENTS
10. NAME OF FATHER Brum Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Lilly Green.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Brum Mitchell
(Address) Preston Mo

15. FILED 10/16 1930 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 25, 1930, to Oct. 15, 1930 that I last saw him alive on Oct. 15, 1930, and that death occurred, on the date stated above, at 9 43 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(Brain Tumor (Temporal lobe Rt.))
— glioma of Rt. Temporal Lobe
P.D.
1078 (duration) 2 yrs. (?) mos. ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10-6-30
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? clinical & autopsy
(Signed) Sidney Pakula MD, M. D.
Oct 15, 1930 (Address) Mercy Hospital

*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 Preston Mo.
DATE OF BURIAL 10-17 1930

20. UNDERTAKER O. V. Mast
ADDRESS 1915 E 15