

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.

NOV 28 1930

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

Do not use this space.

34073

**1. PLACE OF DEATH**

County St. Louis  
 Township Carondelet  
 City Koch

Registration District No. 1123  
 Primary Registration District No. 6248 B  
 No. Koch Hosp.

File No. \_\_\_\_\_  
 Registered No. 392  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

MITCHELL, James

(a) Residence. No. 1207 a N Jefferson st. Ward \_\_\_\_\_

Length of residence in city or town where death occurred 3 yrs. 3 mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>MALE</b>	4. COLOR OR RACE <b>COL.</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>SINGLE</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>SINGLE</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb. 25 1922</u>		
7. AGE YEARS <b>8</b>	MONTHS <b>7</b>	DAYS <b>24</b>
If LESS than 1 day, _____ hrs. or _____ min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work School boy  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

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

PARENTS	10. NAME OF FATHER <u>Walter Mitchell</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Miss.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Savannah Galloway</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Miss.</u> (STATE OR COUNTRY)

14. INFORMANT Robt. Koch Hospital Records  
(Address) Koch Missouri

15. FILED 10-24-19 For L. C. Obrock  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 19 1930

17. I HEREBY CERTIFY, That I attended deceased from July 2, 1930, 19\_\_\_\_, to Oct. 17 1930, 19\_\_\_\_, that I last saw him alive on Oct. 19 1930, 19\_\_\_\_, and that death occurred, on the date stated above, at 3 A.M. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Hilus Tuberculosis

CONTRIBUTORY Tuberculous Peritonitis  
 (SECONDARY)  
Indeterminate (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH Unknown  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Kay's sputum  
 (Signed) B. K. Ehrlich, M. D.

10/25/30 (Address) Koch Hosp.

\*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**

Anatomical Board 10-24-19

20. UNDERTAKER St. Louis ADDRESS \_\_\_\_\_

