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

DEC 22 1930

Do not use this space.

36695

1. PLACE OF DEATH
County: Lincoln
Township:
City: Elsberry (No. , St. , Ward)

Registration District No. 486
Primary Registration District No. 4273

File No.
Registered No. 36

2. FULL NAME: Lewis Edward 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): M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 11 - 1874

7. AGE: Years 56 | Months 4 | Days 18 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Pike Co.
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: L. E. Mitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN): U.S.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Lucy J. White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): U.S.
(STATE OR COUNTRY)

14. INFORMANT: S. A. Mitchell
(Address): Elsberry Mo

15. FILED Dec 10, 1930 C. E. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch. 15, 1929, to Nov. 29, 1930, that I last saw h. alive on Nov. 29, 1930, and that death occurred, on the date stated above, at 8:15 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Uremic Coma

(duration) yrs. mos. 3 days

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) A. Z. Taylor, M. D.
, 19 (Address) Elsberry, 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 Ridge Cemetery
DATE OF BURIAL: Dec 1 1930

20. UNDERTAKER: W. D. Bradley
ADDRESS: Elsberry

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.