

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

Do not use this space.

1482

1. PLACE OF DEATH

County Jackson
Township Howe
City Kansas City

Registration District No. 139
Primary Registration District No. 139
(No. 3558 Penn)

File No. 314
Registered No. 314
St. _____ Ward _____

2. FULL NAME

Thomas G. Mitchell
(a) Residence. No. 3558 Penn St. 5 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 7 7

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

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

10. NAME OF FATHER William Mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Sarah Carrell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT (Address) Mrs Lutie B. Mitchell
6017 Brookside

15. FILED 1/22, 1931 M. M. Cerow REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-20-1931

17. I HEREBY CERTIFY, That I attended deceased from Oct, 1927, to Jan 20, 1931, that I last saw him alive on Jan 20, 1931, and that death occurred, on the date stated above at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
circumstances of
calm - and all
surrounding organs.
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 460
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Oct, 1927
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Lutie B. B. Powell M. D.
Jan 20, 1931 (Address) 946 Mac Bee

*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 Memorial Park Cem DATE OF BURIAL Jan 22 1931

20. UNDERTAKER John W. Wagner ADDRESS 204 West Lim

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMMENT 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.

Tr. J. Mitchell
3558 Penn

