

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

Do not use this space.

2603-a
10

1. PLACE OF DEATH
 County Triphey Registration District No. 750
 Township Raymond River Primary Registration District No. 5986
 City (No.) St. Ward
 2. FULL NAME Samuel Price Mizell
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No.
 Registered No. 1021

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Mizell
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-24-1845
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 | 10 | 3 | | |
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) for self.
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27. 1931.
 17. I HEREBY CERTIFY, That I attended deceased from Jan 17 1931 to Jan 27 1931.
 that I last saw alive on Jan 17 1931, and that death occurred, on the date stated above, at 11:30 P.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senility and chronic Rheumatism

9. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)
 10. NAME OF FATHER Joseph Mizell
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) W. Carolina
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Miller
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

CONTRIBUTORY (SECONDARY) 57
 (duration) yrs. mos. da.
 (duration) yrs. mos. da.

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) M. W. Waddell, M. D.
1/27, 1931 (Address) Danpham Mt
 *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.

14. INFORMANT Samuel Mizell Jr.
 (Address) Danpham, Mo.
 15. FILED 4/8 1931 E. Johnston
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mizell Cemetery DATE OF BURIAL 1-28-1931
 20. UNDERTAKER Family ADDRESS

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.

MAY 27 1931

