FEB 24 1931

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

Do not use this space.

5269

1. PLACE OF DEATH
County: Harrison
Township: Ivanhoe
City: (No. ..., St. ..., Ward)
Registration District No. 287
Primary Registration District No. 5472
File No.
Registered No. 9

2. FULL NAME: Gladys May 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: Female
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: Glenn Mitchell
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug-6-1905
7. AGE: Years 25 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Harrison Co
(STATE OR COUNTRY): Mo
PARENTS
10. NAME OF FATHER: Isaac A. Freeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Villa A Dixon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Harrison Co
(STATE OR COUNTRY): Missouri
14. INFORMANT: Isaac A. Freeman
(Address): Eagleville Mo
15. FILED 2-23 1931 W. S. McCollum, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb-23-1931
17.
I HEREBY CERTIFY, That I attended deceased from Sept 22, 1930, to 2/23, 1931, that I last saw her alive on Sept 22, 1930, and that death occurred, on the date stated above, at 3:30 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the intestines & peritoneum
234
25
(duration) yrs. 9 mos. ds.
CONTRIBUTORY (SECONDARY): Tuberculosis of lungs -
(duration) 3 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Sputum examination
(Signed) W. S. Taylor, M. D
2-23, 1931 (Address) Eagleville 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: Hobbs Cemetery
DATE OF BURIAL: 2/24 1931
20. UNDERTAKER: Frank Kramer
ADDRESS: Eagleville Mo

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.