

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

Do not use this space.

6159

1. PLACE OF DEATH

County Lawrence

Registration District No. 468

Township

City Marionville Mo (No.)

Primary Registration District No. 4281

File No.

Registered No. 6

St. Ward)

2. FULL NAME

Sally Ann Mitchell

(a) Residence No.

St. Ward.

(If nonresident, give city or town and State)

(Usual place of abode)

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 W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF M. S. Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-5-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 3 17

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

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

10. NAME OF FATHER John Mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

14. INFORMANT E. S. Mitchell
 (Address) Marionville Mo

15. FILED 3-28-1931 R. Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1931, to Feb 22, 1931, that I last saw her alive on Feb 22, 1931, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93C

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 93C (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & pathologic
 (Signed) F. W. Lester, M. D.

. 19 (Address) Marionville 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 Marionville DATE OF BURIAL 2-23 1931

20. UNDERTAKER Wulfsberg ADDRESS Marionville

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. APR 28 1931

