

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

Do not use this space.

9612

1. PLACE OF DEATH

County Henry
Township Windsor
City Windsor (No. _____)

Registration District No. 14
Primary Registration District No. 4211

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Charles F. Mitchell

(a) Residence, No. 200 S Tebo St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 5 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist 161

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

13. NAME Issac W. Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

15. MAIDEN NAME Elizabeth Hearne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland

17. INFORMANT Miss Lula Mitchell
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE 3-8-31 19

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL
(ADDRESS) Windsor

20. FILED 3-8-31 19 31/1 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 31 1931

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1931, to March 2, 1931

I last saw him alive on March 7, 1931. Death is said

to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prostatic obstruction and uremia Date of onset 1826

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. A. Blackmore M. D.
(Address) Windsor, 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.

APR 23 1931

