

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

Do not use this space.

30372

1. PLACE OF DEATH

County Vernon
Township Sheldon
City Sheldon (No.)

Registration District No. 878
Primary Registration District No. 4531

File No.
Registered No. 9 St. Ward)

2. FULL NAME

George C. Mitchell

(a) Residence. No. Sheldon Mo. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Mitchell</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>12-29-1894</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>86</u>	<u>8</u>	<u>13</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Retired Farmer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer)				
(c) Name of employer				
9. BIRTHPLACE (CITY OR TOWN) <u>Bethany</u> (STATE OR COUNTRY) <u>Illinois</u>				
PARENTS	10. NAME OF FATHER <u>David Mitchell</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)			
	12. MAIDEN NAME OF MOTHER <u>Winnies Cathy</u>			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 23 1927, to Aug 12 1931, that I last saw him alive on Aug 11 1931, and that death occurred, on the date stated above, at 8/12 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocardial degeneration
92%
AT
Probably about (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Heart thrombosis (duration) 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 Biopsy
(Signed) Arthur E. Johnson M. D.
8/12 1931 (Address) Sheldon 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.

14. INFORMANT Ch. Skaten
(Address) Sheldon Mo.

15. FILED 8-14 1931 Conall T. Berry
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethany Ill. DATE OF BURIAL Aug 17 1931

20. UNDERTAKER G B Berry & sons ADDRESS Sheldon

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 28 1931

