

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

Do not use this space.

34726

1. PLACE OF DEATH

County Jackson
Township Kaw Washington
City Kansas City (No. 84th & Madison)

Registration District No. 404
Primary Registration District No. 5558

File No. _____
Registered No. 62 St. _____ Ward _____

2. FULL NAME John Quincy Mitchell

(a) Residence, No. 84th & Madison 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 Male 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 Mrs. Emma Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 6 13

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

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) Kansas City Missouri

13. NAME Wm. H. Mitchell

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

15. MAIDEN NAME Katie Nicholson

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

17. INFORMANT Mrs. Emma Mitchell (ADDRESS) 84th & Madison, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE Oct. 14, 1931

19. UNDERTAKER Gates Funeral Home (ADDRESS) K. C. Kans.

20. FILED Oct 13, 1931 Fred R. Lindsey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1931, to Oct 12, 1931

I last saw him alive on Oct 12, 1931. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Chronic Rheumatoid Endocarditis

(Aortic & mitral)

92 C

Other contributory causes of importance: 132 H
nephritis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Shoemaker, M. D.

(Address) 3100 Wood K.C. 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.

NOV 24 1931

WHILE LEAVING WITH UNPAID INVOICE—THIS IS A PERMANENT RECORD

Dr. W. D. Tomich
Wichita Blk.
31st & Troost

Via 8617