

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township 11
City (No.)

Registration District No. 604
Primary Registration District No. 58021

File No. 41667
Registered No.
St. Ward

2. FULL NAME

Samuel J. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>71</u>	<u>6</u>	<u>19</u>	<u> </u>

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

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) Mo

MOTHER FATHER 13. NAME James Mitchell

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

MOTHER 15. MAIDEN NAME Mary Harding

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

17. INFORMANT Mrs. M. J. Schuenberg (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ignace DATE 12-9 1931

19. UNDERTAKER Richards and Co (ADDRESS) New Madrid

20. FILED 12/9/1931 Wm. J. O'Brien U. S. Registrar

MEDICAL CERTIFICATE OF DEATH

2. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-12, 1931, to 12-6, 1931

I last saw him alive on 12-7, 1931. Death is said to have occurred on the date stated above, at m.

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

Cistitis "Uris Retention" Date of onset
Due to prostatic enlargement

Other contributory causes of importance:

Name of operation Prost. resection 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) W. J. O'Brien, M. D.

(Address) New Madrid 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.

