

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

Do not use this space.

1175

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Raw Primary Registration District No. 1002  
 City Kansas City, Mo. (No. Gen. Hosp #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 213  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harsh Mitchell  
 (a) Residence. No. 1522 Va St. 9 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. 14 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-6-1879  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. 52 9 10  
 8. OCCUPATION OF DECEASED Janitor 131 2950  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer) 69B  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Calvert, Tex. (STATE OR COUNTRY) 2

**PARENTS**  
 10. NAME OF FATHER George Mitchell  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn. (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Martha France  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

14. INFORMANT Record Clerk  
 (Address) Gen. Hospital #2

15. FILED 1/19/32 pm ms lma  
Asst REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16 1932  
 17. I HEREBY CERTIFY, That I attended deceased from 1 Jan. 14 1932 to Jan. 16 1932 that I last saw him alive on Jan. 16 1932, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Myocardial Insufficiency  
Toxemia  
 (duration) .....yrs. ....mos. ....ds.  
 CONTRIBUTORY Chronic nephritis  
 (SECONDARY) (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? lab. + Clinic  
 (Signed) Dr. Miller M. D.  
1/17, 1932 (Address) Gen. Hosp #2

\*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 Highland Cemetery DATE OF BURIAL 1-19-32  
 20. UNDERTAKER W. W. Larkin ADDRESS 1217 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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