

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

Do not use this space.

13706

**1. PLACE OF DEATH**

44- County *St. Francois*  
5 Township *" "*  
4 City *Farmington Mo.*

Registration District No. *773*  
Primary Registration District No. *4464*

File No. \_\_\_\_\_  
Registered No. *41*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 20 - 1850*  
7. AGE YEARS *81* MONTHS *8* DAYS *20* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) *Scottdale Ky.*

13. NAME *John W. Mitchell*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scottdale Ky.*

15. MAIDEN NAME *Elizabeth Hooten*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scottdale Ky.*

17. INFORMANT *H. D. Roberts*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Moscone Cem.* DATE *April 11 1932*

19. UNDERTAKER *Farmington Co.*

20. FILED *Apr 11 1932 T. J. Robinson*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 9 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1 1932 to Apr 9 1932*

I last saw *her* alive on *Apr 7 1932* Death is said to have occurred on the date stated above, at *10 A.M.*

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

*Pulmonary Tuberculosis* Date of onset \_\_\_\_\_

*23A 23*

Other contributory causes of importance: \_\_\_\_\_

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) *R. Appthorn*, M. D.

(Address) *Farmington 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.

MAY 28 1932

