MARGIN RESERVED FOR BINDING

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

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.

AUG 27 1932

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

Do not use this space.

1. PLACE OF DEATH

96 County St Louis — Registration District No. 789 — File No. 23968

Township Central — Primary Registration District No. 6033 B — Registered No. 199

City ..... (No. 6523, Joseph Ave. St. ..... Ward)

2. FULL NAME Mary Jane Mitchell

(a) Residence, No. 6523 Joseph Ave. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
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) June 7, 1931

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) ? Illinois 2

FATHER

13. NAME Walter Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Illinois

MOTHER

15. MAIDEN NAME Geneva Sullins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Illinois

17. INFORMANT (ADDRESS) Mrs Geneva Mitchell 6523 Joseph Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE July 14 1932

19. UNDERTAKER (ADDRESS) Geo L. Pleitsch Inc 5966-68 Easton Ave

20. FILED 7-14- 1932 Nella Bray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1932 to July 13, 1932

I last saw her alive on July 13, 1932. Death is said to have occurred on the date stated above, at 4:10 P.m.

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

Pneumonia (Lobar) — Date of onset ?

108 108 ①

Other contributory causes of importance:

Malnutrition

Name of operation None — Date of —

What test confirmed diagnosis? All Symptoms — 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? No

If so, specify

(Signed) J. D. Thurmon, M. D.

(Address) 6753 Page Ave.