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.

SEP 23 1932

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

Do not use this space.

26583

1. PLACE OF DEATH

County Knox — Registration District No. 444 — File No.

Township Myrtle — Primary Registration District No. 4262 — Registered No. 9

City Knox City (No. ..... St. ..... Ward)

2. FULL NAME Kate 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 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles F Mitchell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 29-1857

7. AGE: Years 74 | Months 9 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House wife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newark Mo.

PARENTS

10. NAME OF FATHER: Robert Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky.

12. MAIDEN NAME OF MOTHER: Elizabeth Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Newark Mo.

14. INFORMANT: Ed Mitchell (Address) Edina Mo.

15. FILED Aug 24 1932 — J R Northcutt, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug. 23 1932

17. I HEREBY CERTIFY, That I attended deceased from Aug. 5th, 1932, to Aug 23 1932, that I last saw her alive on Aug 23, 1932, and that death occurred, on the date stated above, at 9:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemiplegia with acute Malignant Endocarditis

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? (3)

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H E Kastning D.O.

Aug 24, 19 (Address) Knox City, Mo.

*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: Bee Ridge Cemetery — DATE OF BURIAL: Aug 25 1932

20. UNDERTAKER: Mrs J. W. Hudson & Son — ADDRESS: Edina