

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

28084
File No. _____
Registered No. 7977
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 11423
City, St. Louis (No. 4449, Aldine

2. FULL NAME

Ella Mitchell
(a) Residence, No. 4449 Aldine St., 11 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Negro-
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pete Mitchell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-12-1864
7. AGE YEARS 68 MONTHS 3 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) Ohio
13. NAME Unknown Pleasant
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Jane Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mr. Pete Mitchell (ADDRESS) 4449 Aldine
18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem. DATE 9/2nd 1932
19. UNDERTAKER W. C. Gordon and Co. (ADDRESS) 2649 1/2 Morgan St.
20. FILED SEP - 1 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/29th 1932

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1932, to Aug 29 (1932), 1932. Last saw him alive on Aug 27, 1932. Death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:
Nephritis Chronic Interstitial
131
97 131
Other contributory causes of importance: Arteriosclerosis
①

Name of operation _____ 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?
If so, specify _____
(Signed) W. J. Doyle M. D.
(Address) 2313 Washington St.

