

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

Do not use this space.

35815

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Kear Primary Registration District No. 1002  
City Kansas City No. 202 Hospital

File No. \_\_\_\_\_  
Registered No. 4523  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Calvin H. Mitchell  
(a) Residence, No. 301 N. Gladstone Blvd. Ward. 10  
(Usual place of abode)

Length of residence in city or town where death occurred 15 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1884</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>11</u>
	DAYS <u>23</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>janitor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>236</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>15 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gibson Co. Tenn.</u>		
FATHER	13. NAME <u>Gentry Mitchell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Cherry Simmons</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gibson Co. Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Mary Starbick Jackson</u> <u>814 N. Hayes Ave. Tenn.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jackson Tenn.</u> DATE <u>Nov. 19, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Adkins Bros.</u> <u>2000 E. 12 St.</u>		
20. FILED <u>Nov 18, 1932</u> <u>M. M. Grove</u> <u>Asst. Registrar.</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15-32

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_

I last saw Deputy Coroner Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Cancer of Lung

Other contributory causes of importance:

Pulmonary thrombosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) Deputy Coroner, M. D.

(Address) Deputy Coroner

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.

