

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

Do not use this space.

36015

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1003 File No. \_\_\_\_\_  
 City Kansas City (No. 1) General Hospital St. \_\_\_\_\_ Registered No. 4523 Ward \_\_\_\_\_  
 2. FULL NAME Livingston Elmer Mitchell  
 (a) Residence, No. 3820 Prospect St., 13 Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
guess 62  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) unknown  
 13. NAME unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
 17. INFORMANT (ADDRESS) Record Clerk General Hospital  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Cherrywood Cremation DATE Dec 3, 1932  
 19. UNDERTAKER (ADDRESS) Elyan Funeral Home 1800 Sumner  
 20. FILED Dec. 1 32 M. M. Croome Registrar.

**3 MEDICAL CERTIFICATE OF DEATH** Wednes

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Dr. J. J. Croome, 19\_\_\_\_  
 I last saw him alive on Nov 25, 1932 Death is said to have occurred on the date stated above, at 11 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Fracture of R. Tibia & supplem. Fracture of lower end of R. Tibia & Fibula 1864 194B 195B  
 Other contributory causes of importance: double cystitis 1867  
 Date of onset 141  
 Name of operation none 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? accident Date of injury Nov 25, 1932  
 Where did injury occur? 394 1/2 (The street) (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury Fall of sidewalk  
 Nature of injury Fracture of R. leg  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) F. H. Owens M. D.  
 (Address) Kansas City, Mo

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.

