

ORIGIN RESERVED FOR BIRMINGHAM

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

FEB 24 1933

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.

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

Do not use this space.

38926

1. PLACE OF DEATH

County Clatsop
Township Walden
City Gresham

Registration District No. 197
Primary Registration District No. 5276

File No.
Registered No.
St. Ward)

2. FULL NAME

Robert Walker Mitchell

(a) Residence, No. Gresham Mo St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) Nov-25-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 77 0 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer &

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Trader

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) Washington Co Ky

13. NAME Francis B Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Ky

15. MAIDEN NAME Nancy Jane Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Ky

17. INFORMANT (ADDRESS) Sedney Mitchell

18. BURIAL, CREMATION, OR REMOVAL PLACE Grayson DATE Dec 24 1933

19. UNDERTAKER (ADDRESS) J. H. Rollins

20. FILED Jan 11 1933 John J. Foster Registrar

2 **MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-27 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932 to Dec 22, 1932
I last saw him alive on Dec 16, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Myocardial infarction
Arteriosclerosis
93D
93A

Other contributory causes of importance: 9310
9310
9310

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No 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) Robert W. ... M. D.
(Address) West Kansas City

