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.

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 39712
Township Kan — Primary Registration District No. 1002 — Registered No. 4718
City K. C. Mo (No. 1414 Montgall St. Ward)

2. FULL NAME Geo A. Mitchell
(a) Residence, No. 1414 Montgall St., 9 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1 1886

7. AGE — YEARS 46 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 231
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) Kansas 2

FATHER
13. NAME Jno. W. Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Alice N. Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. J. L. Ingram 80 Woodland ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ont. Wash. DATE 12-14 1932

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn ave.

20. FILED 12-13 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 9th 1932, to Dec 11 1932
I last saw him alive on Dec 9th 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:

	Date of onset
Double Lobar Pneumonia	Dec 5, 1932
108 108	

Other contributory causes of importance:

(1)

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? ..... 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) William H. Foreman D.O. ~~M.D.~~
(Address) 512 Chambers Bldg

D.O.

Mar 1885

4 pm