

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

Do not use this space.

4:158

1. PLACE OF DEATH

48 County Jackson
Township Praine
City (No. _____) _____

Registration District No. 480
Primary Registration District No. 5553B

File No. _____
Registered No. 183 St. _____ Ward _____

2. FULL NAME

William A. Mitchell
(a) Residence, No. Jackson County Home Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| 3. SEX <u>male</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>wife</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1856</u> | | |
| 7. AGE YEARS <u>abt. 74</u> | MONTHS <u>x</u> | DAYS <u>x</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>laborer</u> | |
| | 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 | | |
| MOTHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> | |
| | 13. NAME <u>Unknown</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u> | |
| | 15. MAIDEN NAME <u>Unknown</u> | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) | | |
| 17. INFORMANT (ADDRESS) <u>J. J. Kasketter</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>N.C. University of Physicians</u> DATE <u>Dec 10 1932</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Tetterlin</u> | | |
| 20. FILED <u>Dec 8 1932</u> <u>William J. Fields</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1932 to Dec 2 1932

I last saw him alive on Dec 1 1932 Death is said to have occurred on the date stated above, at 2 a.m.

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

Influenza

116

Other contributory causes of importance: 116 ①

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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? No
If so, specify _____

(Signed) J. J. Greenie M. D.
(Address) W. J. Greenie

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.

JAN 24 1933

