

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

Do not use this space.

40357

1. PLACE OF DEATH

78 County Dennis
Township Little Prairie
City (No.) St. Ward)

Registration District No. 651
Primary Registration District No. 5862

File No.
Registered No. 189

2. FULL NAME

Lloyd Mitchell

(a) Residence, No. St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 22, 1932</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>8</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, 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) <u> </u>	
	11. Total time (years) spent in this occupation <u> </u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cauthersville, Mo.</u>		
FATHER	13. NAME <u>Lester Mitchell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nashville, Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Vera Christian</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lone's Ferry, Tenn.</u>	
17. INFORMANT (ADDRESS) <u>Lester Mitchell, Cauthersville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mounts Lys</u> DATE <u>Dec. 31, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Friends, Cauthersville, Mo.</u>		
20. FILED <u>Jan. 5, 1933</u> <u>Ada Masters</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1932 to Dec. 30, 1932
I last saw him alive on Dec. 22, 1932 Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:
undetermined

Other contributory causes of importance:

Name of operation 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? 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) G. W. Shipp M. D.
(Address) Cauthersville, 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.

