B

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

Do not use this space.

9084

APR 24 1933

1. PLACE OF DEATH
County Dunklin — Registration District No. 287 — File No.
Township Clay — Primary Registration District No. 4171 — Registered No. 12
City (No. , St. Ward)

2. FULL NAME Manda Marie Mizell

(a) Residence, No. St., 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: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 25 - 1911
7. AGE: YEARS 21 — MONTHS 2 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Harmisville Mo.

FATHER
13. NAME: W. E. Mizell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harmisville Mo.

MOTHER
15. MAIDEN NAME: Grace Hodkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nap Known Mo

17. INFORMANT (ADDRESS): Ray Mizell Harmisville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Harmisville DATE: March 20, 1933
19. UNDERTAKER (ADDRESS): McDaniel Fun Co Senath Mo.
20. FILED 3-30, 1933 E. G. Cope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mch. 15, 1933, to March 17, 1933
I last saw her alive on August 15, 1932. Death is said to have occurred on the date stated above, at 12 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
23A	
23	

Other contributory causes of importance:

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?
If so, specify
(Signed) Van H. Bond, M. D.
(Address) Harmersville Mo.

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.

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