

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

Do not use this space.

9500

1. PLACE OF DEATH

County Jackson Registration District No. 389 File No. 1001
 Township Kanawha Primary Registration District No. 1001 Registered No. 1000
 City Kanawha (No. Kanawha City General Hospital St. 2 Ward)

2. FULL NAME

Elsie Mitchell
 (s) Residence, No. 204 W 14th St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3-1-1892</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	
		DAYS
		<u>4</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>Housewife</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

12. BIRTHPLACE (CITY OR TOWN)..... Kansas
 (STATE OR COUNTRY)

13. NAME William Jones

14. BIRTHPLACE (CITY OR TOWN)..... Kansas
 (STATE OR COUNTRY)

15. MAIDEN NAME Ladie Lane

16. BIRTHPLACE (CITY OR TOWN)..... Louisiana
 (STATE OR COUNTRY)

17. INFORMANT Records Clerk
 (ADDRESS) K. L. General Hospital

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE 3-7-33

19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 918 Brooklyn Ave

20. FILED 3/6, 1933 M. T. Brown
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1-33, 1933, to 3-5-33, 1933

I last saw her alive on 3-5-1933, 1933 Death is said to have occurred on the date stated above, at 3:00 A.M.

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

Rt Lobe Pneumonia Date of onset

Other contributory causes of importance:

100%

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

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?.....

If so, specify.....
 (Signed) J. H. Jamieson, M. D.
 (Address) Jeff. K. L. General Hosp.

~~1/2~~

77