

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

Do not use this space.

15472

1. PLACE OF DEATH
 105 County Sullivan Registration District No. 849
 Township Deer Primary Registration District No. 45-15-13
 City (No.) St. Ward

2. FULL NAME Milford Mitchell
 (a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-4-1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Ohio

13. NAME John Mitchell

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

15. MAIDEN NAME Lake

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

17. INFORMANT Mrs Minnie Mitchell
 (ADDRESS) Green City Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green City DATE 4-12 1933

19. UNDERTAKER Glenn E. Dent
 (ADDRESS) Green City Mo

20. FILED Apr 21 1933 Miss Katalany
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 13 1932 to Apr 8 1933
 I last saw him alive on Apr 4 1933. Death is said to have occurred on the date stated above, at 2.0 m.

The principal cause of death and related causes of importance were as follows:
Chronic Valvular disease of heart
1933

Other contributory causes of importance:
PSA

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
 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) Whitman md M. D.
 (Address) Green City 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.

MAY 24 1933

