

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

Do not use this space.

18712

File No.
Registered No. 119
St. Ward)

1. PLACE OF DEATH
 108 County Vernon Registration District No. 875
 2 Township Primary Registration District No. 3039
 7 City (No. St. Ward)
 2. FULL NAME Elizabeth M. Mitzel
 (a) Residence, No. State Hospital #3 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 F
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
62 11 18
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Mo
 13. NAME F. W. Mitzel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Cosa Simmons
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) State Hospital #3 Nevada, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Rest Home DATE May 14, 1933
 19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Mo.
 20. FILED 65-1933 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, to May 11, 1933.
 I last saw her alive on May 11, 1933. Death is said to have occurred on the date stated above, at 11:30 pm.
 The principal cause of death and related causes of importance were as follows:
23A
Pulmonary Tuberculosis ?
 Other contributory causes of importance: 23B
 23. If death was due to external causes (violence), fill in also the following:
 Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? no
 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) K. Sneydoff, M. D.
 (Address) State Hospital #3

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.

JUN 24 1933

