

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

Do not use this space.

23853

1. PLACE OF DEATH

County MONROE
Township JACKSON
City..... (No..... St..... Ward.....)

Registration District No. 582
Primary Registration District No. 5779

File No. 40
Registered No.

2. FULL NAME

MARY W. 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 13 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>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>ROBT. H. MITCHELL</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV 23, 1864</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>7</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AT HOME</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) (STATE OR COUNTRY) MONROE Co. Mo.

13. NAME NOAH PILCHER

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

15. MAIDEN NAME CATHYNE DOWELL

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

17. INFORMANT GUY MITCHELL
(ADDRESS) PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE JULY 11 1933

19. UNDERTAKER SPEED & BLAKEY
(ADDRESS) PARIS, Mo.

20. FILED JUL 10 1933
[Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 10 1933

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1933, to July 10, 1933.
I last saw him alive on July 10, 1933. Death is said to have occurred on the date stated above, at 4:15 a.m.

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

Septic meningitis Date of onset 3
89B
97A
89D

Other contributory causes of importance: mastoid abscess NK

Name of operation..... Date of operation.....
What test confirmed diagnosis..... (Specify city or town, county, and State)

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) [Signature], M. D.
(Address) PARIS, 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.

AND 20 1933

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