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

MARGIN RESERVED FOR BINDING

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.

JUL 28 1933

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

Do not use this space.

23983

1. PLACE OF DEATH

County Pemiscot — Registration District No. 114 — File No. 14

Township Butler — Primary Registration District No. 5867 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Donald Gene Mitchell

(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 9th, 1933

7. AGE — YEARS: — MONTHS: 4 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): R.F.D.# 2 Portageville Pemiscot County, Mo.

FATHER

13. NAME: Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't know

MOTHER

15. MAIDEN NAME: Cora Cathrine Mitchell (Widow)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wayne County, Missouri.

17. INFORMANT (ADDRESS): Frank Miller R.F.D.# 2 Portageville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Barnes Grave Yard ~~Pemiscot County, Mo~~ DATE: July 14th, 1933

19. UNDERTAKER (ADDRESS): None (Frank Miller, Sexton) R.F.D.# 2 Portageville, Mo.

20. FILED 7/14, 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1933, to July 11, 1933
I last saw him alive on July 11, 1933. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Colitis — Date of onset

Other contributory causes of importance:

1190

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 ....., 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) H H O'Kelley, M. D.
(Address) Portageville, Mo.