

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

Do not use this space.

29667
3501

1. PLACE OF DEATH

County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 100
City KANSAS CITY (No. 711 WEST 45TH) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

JOHN MADISON MITCHELL

(a) Residence, No. 711 WEST 45TH St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs 6 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) MRS. LYDIA ANN MITCHELL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER 24 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	58	9	15	

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

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) MISSOURI

13. NAME THOMAS A. MITCHELL

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

15. MAIDEN NAME JENNIE Mc KINNEN

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

17. INFORMANT (ADDRESS) MRS. LYDIA ANN MITCHELL
711 WEST 45TH ST

18. BURIAL, CREMATION, OR REMOVAL PLACE WESTON, Mo. DATE Sept 11 1933

19. UNDERTAKER (ADDRESS) D. W. NEWCOMERS SONS
KANSAS CITY, MISSOURI

9/10/33 11:30 a.m. George
dean Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT-9-1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1932 to Sept 9, 1933
I last saw him alive on Sept 9, 1933. Death is said to have occurred on the date stated above, at 9:55 A.M.

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

Cerebral hemorrhage
131
82A
97
21
Other contributory causes of importance:
Chronic Nephritis
Arteriosclerosis

Date of onset Sept 8-33
death

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? no

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) E. E. Evans, M. D.
(Address) 403 Waldheim Bldg

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.

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

OCT 20 1933

69

83

Waldheim Bldg.

2-4

CA

FILED