

M. Neil

Do not use this space.

30526

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

1. PLACE OF DEATH *Pettis*
 80 County *Pettis* Registration District No. *668*
 4 Township *Sedalia* Primary Registration District No. *1720 So. Grand 3032*
 8 City *Sedalia* (No. *1720 So. Grand*) St. *Sedalia* Ward *224*

2. FULL NAME *Sarah Lovada Mitchell*
 (a) Residence, No. *1720 So. Grand* St. *Sedalia* Ward *224*
 (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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *J.W. Mitchell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 4, 1866*

7. AGE YEARS *66* MONTHS *9* DAYS *16* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *At Home*

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.*

FATHER 13. NAME *James Stotts*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

MOTHER 15. MAIDEN NAME *Malinda Bottoms*

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

17. INFORMANT *J.W. Mitchell* (ADDRESS) *Sedalia Mo.*

18. BURIAL CREMATION, OR REMOVAL PLACE *Mem Park* DATE *9/23* 19. *53*

19. UNDERTAKER *Gillespie Fun'l Home* (ADDRESS) *Sedalia Mo.*

20. FILED *9/23* 19. *33* *Jean Slack* Registrar.

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 20 33*, 19

22. I HEREBY CERTIFY, That I attended deceased from *Aug 30*, 19*33*, to *Sept 20*, 19*33*

I last saw her alive on *Sept 20*, 19*33*. Death is said to have occurred on the date stated above, at *10 P.M.*

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

Other contributory causes of importance:
Chrom. myocarditis

Name of operation *none* Date of *none*

What test confirmed diagnosis? *Chrom.* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *None* Date of injury *none*, 19*33*
 Where did injury occur? *none* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *none*

Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify *none*

(Signed) *Chambers*, M. D.
 (Address) *Sedalia 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.

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