

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

Do not use this space.

30890

PLACE OF DEATH
 County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University City (No. 7453) Washington St. _____ (Ward) _____
FULL NAME Ulyssus Earl Mitchell
 (a) Residence, No. 7453 Washington 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 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 Helen Mitchell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1891
 7. AGE YEARS 42 MONTHS 1 DAYS 30 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesmanager
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. West Side Buick
 10. Date deceased last worked at this occupation (month and year) Sept 1933
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alamo Ind

13. NAME John H. Mitchell

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

15. MAIDEN NAME Elizabeth Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alamo Ind

17. INFORMANT Leonard J. Mitchell
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellfontaine Center DATE Sept. 11 33

19. UNDERTAKER Poppy Funeral Home
(ADDRESS) Healey Rd. & Touhy Blvd

20. FILED Sept 9 1933 Lena V. Moeller
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8 1933
 22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1933 to Sept 8 1933
 I last saw him alive on Sept 2 1933 Death is said to have occurred on the date stated above, at 1:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Sept 8
1175 P. P. P. P.
 Other contributory causes of importance Swampy veins?
 Date of onset Aug 25

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 of injury in any way related to occupation of deceased? no
 If so, specify John R. Vaughan, M. D.
 (Signed) Missouri Bldg.
 (Address) _____

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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OCT 20 1933

North Central Bldg

Jan 1824

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