JAN 26 1934

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

Do not use this space.
35523

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. ~~7003~~ 3001 — Registered No. ~~[illegible]~~ 192
City Kirksville (No. , St. Ward)

2. FULL NAME Marshall Bradford Mitchell
(a) Residence, No. St., Ward. Ottawa Ill
(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 Mary Lodema Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1852

7. AGE — YEARS: 81 — MONTHS: 9 — DAYS: 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco
10. Date deceased last worked at this occupation (month and year) 1903
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ottawa Ill.

FATHER
13. NAME Bradford Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Ann Sansberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norway

17. INFORMANT (ADDRESS) Mary Lodema Mitchell Ottawa, Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ottawa, Ill DATE 11/10/33 19

19. UNDERTAKER (ADDRESS) Davis & Wilson Kirksville, Mo.

20. FILED Nov. 8 1933 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31, 1933, to Nov. 17, 1933
I last saw him alive on Nov. 7, 1933. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
82A	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Medical 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) F. G. Bigsby, M. D.
(Address) Kirksville 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.