

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.

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

Do not use this space.

37034

JAN 4 1934

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora (No. 315 East College St. _____ Ward _____)

File No. _____
Registered No. H6D

2. FULL NAME Martin Scott Mitchell

(a) Residence, No. 315 East College 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 7 23

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) Taney County Missouri

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Ed Mitchell (ADDRESS) Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville Mo. DATE _____ 19 _____

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo.

20. FILED 12-4 1933 R. A. Town Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1933, to Nov 23, 1933

I last saw him alive on Nov 19, 1933 Death is said

to have occurred on the date stated above, at 2.30 A.

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

Apoplexy
Stroke
None

Date of onset Nov 19
33

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? _____
If so, specify _____

(Signed) J. H. Smith, M. D.
(Address) 121 N. Pleasant Aurora Mo

