

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

Do not use this space.

19⁸⁷
2716

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **350**
St. Ward

2. FULL NAME

(a) Residence, No. Catharine Mitchell 26 2 1/2 R. Paper St., 77 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 Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-24-1924
7. AGE YEARS 7 MONTHS 0 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
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) Miss Mitchell

FATHER 13. NAME Miss Mitchell

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

MOTHER 15. MAIDEN NAME Nancy Baker

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

17. INFORMANT Mitchell (ADDRESS) 26 2 1/2 R. Paper

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 1-9-1934

19. UNDERTAKER Watson and Son (ADDRESS) 2769 Chouteau ave

20. FILED 9 1934 J. P. Redick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-4-1934 to 1-4-1934. I last saw her alive on 1-4-38, 1934. 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:

Lobar Pneumonia Date of onset 1-1-34

Other contributory causes of importance: Lobar Pneumonia 1-4-34

Name of operation no Date of

What test confirmed diagnosis? symptoms 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) L. C. Kissinger M. D.

(Address) 2601 Walnut St.

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.

