

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.

2906

Co 64348
509 Kingland

1. PLACE OF DEATH

County Registration District No. **791**
 Townshipp Primary Registration District No. **1003**
 City **St Louis** (No. **5515 Cabanne**)

File No.
 Registered No. **550**
 St. Ward)

2. FULL NAME

(a) Residence, No. **5515 Cabanne** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred **81** 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 **White** 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) **Sept 29 1852**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	81	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at Home**
 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.**

13. NAME **John F. Mitchell**

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

15. MAIDEN NAME **Mary Kilbenny**

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

17. INFORMANT **Margaret Mitchell**
 (ADDRESS) **5515 Cabanne**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Calvary** DATE **Jan 16, 1934**

19. UNDERTAKER **Fuller & Kelly**
 (ADDRESS) **1717 N. 1st St.**

20. FILED **Jan 17 1934**

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 14, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **1932**, 19... to **Jan 14**, 19**34**
 I last saw her alive on **Jan 10**, 19**34**. Death is said to have occurred on the date stated above, at **6:30 p.m.**

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

Essential hypertension Date of onset **1930**
with cerebral hemorrhage 1933

Other contributory causes of importance:
102

Name of operation Date of
 What test confirmed diagnosis Was there an autopsy?

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? **Yes**
 If so, specify

(Signed) **R. B. Barrett** M. D.
 (Address) **5427 Delmar**

509 Kingdon
cab 4348

2753 5427 ~~reference~~