

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.

3505

1. PLACE OF DEATH

County St. Louis Registration District No. 1160
 Township Central Primary Registration District No. 4470
 City University (No. 6600) Washington Ave St. _____ Ward _____

2. FULL NAME

Mrs. Margaret Mitchell
 (a) Residence, No. 6600 Washington Ave St. _____ Ward _____
 (Usual place of abode)
 (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 5 mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ewing Mitchell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/29/1934</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>X</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Y</u>
	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) <u>Hematite Mo.</u>		
MOTHER FATHER	13. NAME <u>Wm. Henry Dodson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hematite Mo.</u>	
	15. MAIDEN NAME <u>Narcissus Henry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hematite Mo.</u>	
17. INFORMANT (ADDRESS) <u>Mary E. Craig</u> <u>6600 Washington Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Houghton Mo</u>	DATE <u>Jan 12 1934</u>
19. UNDERTAKER (ADDRESS) <u>Shigard Funeral Home</u> <u>51167-69 Hematite Mo</u>		
20. FILED <u>Jan 12 1934</u>	<u>Rene V. Maeller</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/10/1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1934, to Jan 10, 1934
 Last saw her alive on Jan 10, 1934. Death is said to have occurred on the date stated above, at 8:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Influenza
5:20
11:15
52
 Other contributory causes of importance:
Curvature of spine ?

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) M. Rhyas M. D.
 (Address) 657 N. Grand St.

