MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No. 4184
Township " " — Primary Registration District No. 3009 — Registered No. 46
City [illegible] (No. RFD 42 Smeltersville St. Ward)

2. FULL NAME Dan Mitchel
(a) Residence, No. Smeltersville RFD 42 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: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rina Bollinger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 - 1858
7. AGE: 75 YEARS, 9 MONTHS, 28 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barn Foreman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Healys Quarry
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): Geo

FATHER
13. NAME: Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): John Benion, St Louis Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt DATE 2-15 1934
19. UNDERTAKER (ADDRESS): Hamann's Funeral Home, Cape Girardeau Mo
20. FILED 2/15 1934 W. C. Kaempfer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 13 - 1934
22. I HEREBY CERTIFY, That I attended deceased from February 12, 1934, to February 13th, 1934
I last saw him alive on Jan February 12, 1934. Death is said to have occurred on the date stated above, at 3 a.m. 2/13/1934
The principal cause of death and related causes of importance were as follows:
200A
Congestive Chill
Date of onset
Other contributory causes of importance: 38
Name of operation: None Date of
What test confirmed diagnosis? Clinic Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) R. P. Dalton, M. D.
(Address) 105 Broadway Cape Girardeau Mo

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.