

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

Do not use this space.

16849

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. _____
 Township _____ Primary Registration District No. 1000 Registered No. 2211
 City Kansas City (No. 72C General Hosp) St. _____ Ward _____

2. FULL NAME

Albert Mitchell
 (a) Residence, No. 8806 E 8th St. _____ Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-23-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 | 0 | 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chem. Plant
 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.

FATHER 13. NAME Dave Mitchell

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

MOTHER 15. MAIDEN NAME Dora Davidson

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

17. INFORMANT (ADDRESS) Gladys Mitchell
8816 - East 8th, St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Park DATE 5/19/34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster
918 E. 13th St., Kansas City, Mo.

20. FILED May 19, 1934 M. M. Crope Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17-1934

22. I HEREBY CERTIFY, That I attended deceased from 5-10-1934 to 5-17-1934

I last saw him alive on 5-17-1934 Death is said to have occurred on the date stated above, at 11:00 p.m.

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

Manic depressive psychosis with dehydration Date of onset _____

Other contributory causes of importance: 84

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. L. Gannon, M. D.
 (Address) 212 E. 13th St., Kansas City, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 1 1934

