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

Do not use this space.

20753

File No.

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No.

Township RAW Primary Registration District No.

City KANSAS CITY (No. 4843 Campbell St. Ward)

2. FULL NAME Mrs Mary Frances Mitchell

(a) Residence, No. 4843 Campbell St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

AUG 21 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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 Theodore T. Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1886

7. AGE: YEARS 47 MONTHS 11 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Great Bend Kansas

FATHER

13. NAME J. D. Welch

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

MOTHER

15. MAIDEN NAME Emma Morgan

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

17. INFORMANT Theodore T. Mitchell
(ADDRESS) 4843 CAMPBELL

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem. Pk. DATE July 3 1934

19. UNDERTAKER D.W. Newcomer & Sons
(ADDRESS) 2111 E 9th St

20. FILED July 2 1934 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1927, to June 30 1934

I last saw h... alive on June 30 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

	Date of onset
Malignant Hypertension	1908
Coronary Occlusion	6-15-34
Myocardial Infarct	6-15-34
121	
8448	

Other contributory causes of importance: Nephrosclerosis

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) Don Carlos Pierce, M. D.

(Address) 531 Argyle Bldg.

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