

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Union
City Union (No. 122)

Registration District No. 292
Primary Registration District No. 5401

File No. 23953
Registered No. 30 St. _____ Ward _____

2. FULL NAME

Elizabeth Mitchell

(a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>W.</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>W. J. Mitchell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20 - 1866</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>10</u>
	DAYS <u>15</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>Home Keeping</u>
	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) <u>3/4</u>
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ill.

MOTHER FATHER
13. NAME Sweeney Jones

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

15. MAIDEN NAME _____

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

17. INFORMANT M. J. Mitchell
(ADDRESS) Campbell

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. Glen DATE 7/9 1934

19. UNDERTAKER Sammy & Son
(ADDRESS) Campbell Mo

20. FILED 76 1934 E. W. Sanders
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 5 1934 to July 5 1934

I last saw him alive on July 5 1934 Death is said to have occurred on the date stated above, at 109 m.

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

Other contributory causes of importance:
Coronary Arteriosclerosis

94-h

Name of operating Tome Date of _____
What test confirmed diagnosis? 70 Was there an autopsy? no

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? no
If so, specify _____

(Signed) M. J. Corne, M. D.
(Address) Campbell, Mo.

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

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.

AUG 8 1934

