

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

Do not use this space.

1. PLACE OF DEATH

County Altherton
Township Rock Port
City Rock Port (No. _____)

Registration District No. 19
Primary Registration District No. 4013

File No. 228191
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u> (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____		
7. AGE	YEARS <u>79</u>	MONTHS <u>4</u>
	DAYS <u>"</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	
	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) <u>Lagrange, Mo.</u>		
FATHER	13. NAME <u>John H. Mitchell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West. Va.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Reading</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lagrange, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Frank Moody, Rock Port, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Almywood Cem.</u> DATE <u>8-5-34</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Parshy, Rock Port, Mo.</u>		
20. FILED <u>8-5-34</u> BY <u>May G. Chautauken</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-34

22. I HEREBY CERTIFY That I attended deceased from May 1933 to Aug 5 1934
I last saw him alive on Aug 5 1934. Death is said to have occurred on the date stated above, at 7 a. m.
The principal cause of death and related causes of importances were as follows:
internal injuries
recurred in a fall
from a second story
window
Date of onset _____

Other contributory causes of importance:
Organic heart
dissection

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

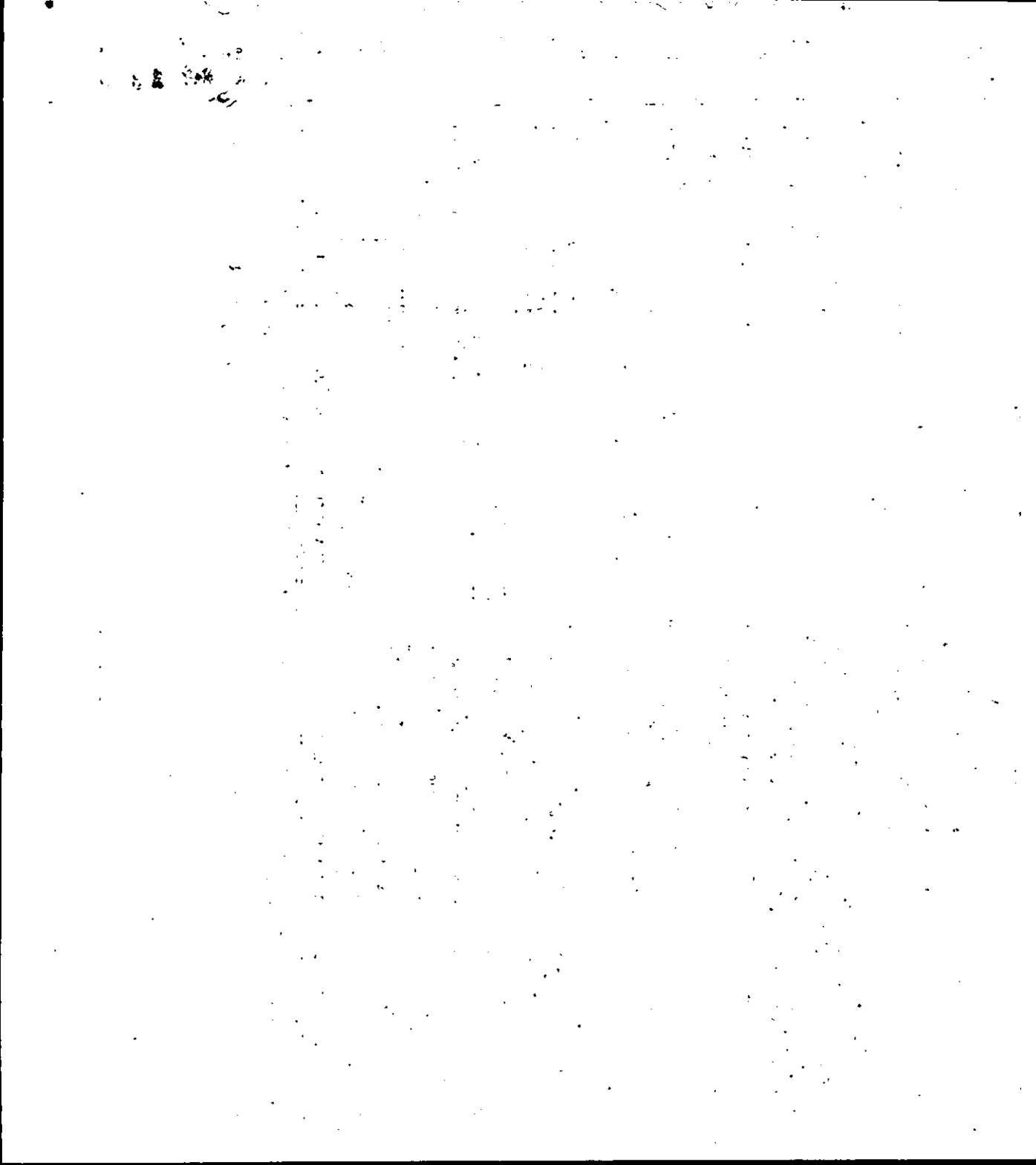
23. If death was due to external causes (abuse), fill in also the following:
Accident, suicide, or homicide accident Date of injury Aug 5, 1934
Where did injury occur? Rock Port, Altherton Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In county home
Manner of injury fall
Nature of injury internal

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Chas. J. Settle M. D.
(Address) Rock Port, 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.

AGE 13 1934



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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Root S. Mitchell *look up*

Who died at _____ on 8-5-34

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced

Date of birth 4-24-1855 Age:) Years 79 Months 4 Days 11

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

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

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Mary G Chamberlain Date filed 8-5-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 19

Very truly yours,

E. T. McLaugh, M.D.

Primary Reg. Dist. No. 4013

Special Agent.

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