Titzwrath

SEP 10 1934

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

Do not use this space.

30344

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1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 287
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 652 E. 13th St. Ward)

2. FULL NAME Charles P Mitchell
(a) Residence, No. 652 E 13th 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19 1872

7. AGE — YEARS: 62 — MONTHS: 8 — DAYS: 20 — 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) Mo.

FATHER
13. NAME T.W.Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Mary Haley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Henry McNutt Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Aug. 11 1934

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia Mo.

20. FILED 8-11 1934 Jean Stock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9/34 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1934, to Aug 9, 1934
I last saw him alive on Aug 9 1934 Death is said to have occurred on the date stated above, at 7,45 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of palate 45 E

Date of onset

45

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Biopsy Was there an autopsy?

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) Guy Titzwrath, M. D.
(Address) 111 Ave 4 St Sedalia 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

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1572 - 11 - 19
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