

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

Do not use this space. ✓

FEB 25 1935

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township

Primary Registration District No. 3019

City Independence

(No. Independence Sanitarium)

File No. 1120

Registered No. 26

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Wetzel Kansas St. _____ Ward _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
24 3 12

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

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) Wetzel Kansas

13. NAME Daniel E. Mitchell

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

15. MAIDEN NAME Amelia Gossin

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

17. INFORMANT (ADDRESS) Mrs Daniel E. Mitchell Wetzel Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Wetzel Kansas DATE Jan 28 1935

19. UNDERTAKER (ADDRESS) George C. Brown 101 North 26 Street St.

20. FILED 1-28 35 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 23 1935, to Jan 26 1935

I last saw him alive on Jan 26 1935 Death is said

to have occurred on the date stated above, at 10 P. m.

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

Bronchial Pneumonia Date of onset

Other contributory causes of importance:

Influenza

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? no

If so, specify _____

(Signed) Fred W. Hunk M. D.

(Address) Superior Creek 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.

