

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

Do not use this space.

2075

1. PLACE OF DEATH MAR 27 1935
 County Marion Registration District No. 541
 Township Union Primary Registration District No. 3079
 City Hannibal (No. 1432 Union) St. 4 Ward 4

2. FULL NAME Elara Irene Mitchell
 (a) Residence, No. 1432 Union St. 4 Ward 4
 (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 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 Delmer K. Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 3 5

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. House Wk.
 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 Joseph Morgan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER
 15. MAIDEN NAME Mary Hamilton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Mrs. Claude Polaud Hannibal, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent Cemetery DATE 1-27-1937

19. UNDERTAKER (ADDRESS) James J. Donnell Hannibal, mo.

20. FILED Feb 5 1935 White Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 14 1934 1934 to Jan 25 1935 1935
 I last saw her alive on Jan 23 1935 Death is said to have occurred on the date stated above, at 1935 in.

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

Pulmonary tuberculosis
Cachexia
 Date of onset 23

Other contributory causes of importance:

Name of operation Clint of mo
 What test confirmed diagnosis? Clint 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?
 If so, specify _____
 (Signed) J. P. Rechner, M. D.
 (Address) 1001 B. St. Hannibal, 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.

