

APR 2- 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

7692

1. PLACE OF DEATH

County SalineRegistration District No. 796Township 2ndPrimary Registration District No. 3038City Marshall, Mo.

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2401 N. 8th St.

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

male

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

Calvin Mitchell

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

Aug 4, 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

42613

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

mechanic

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)

slater, mo.

OCCUPATION

FATHER

MOTHER

13. NAME

Sylvester Ambrose

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

Missouri

15. MAIDEN NAME

Mary S. Haseloe

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

Missouri

17. INFORMANT (ADDRESS)

Frederick Ambrose

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ridge P. Cemetery

DATE

Feb 17 1935

19. UNDERTAKER (ADDRESS)

G. H. Simpson

20. FILED

Feb 18 1935

Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb. 17 1935

22. I HEREBY CERTIFY That I attended deceased from

held inquest Feb. 17 1935

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 9 a.m.

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

Suicide by firearms

Date of onset

Other contributory causes of importance:

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? suicide 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)

(Address)

C. Lawless Corner
Marion Hall

M. D.

