APR 22 1935

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

Do not use this space.

[illegible]9902

1. PLACE OF DEATH

County Jackson — Registration District No. 398 — File No.

Township — Primary Registration District No. 3019 — Registered No. 104

City Independence Missouri (No. ..... St. ..... Ward)

2. FULL NAME Mrs Addie Susan Mitchell

(a) Residence, No. 1009 South Noland St., 3 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James W Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 9 - 1853

7. AGE: YEARS 81 — MONTHS 10 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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): Paris Missouri

FATHER

13. NAME: Thompson Holladay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris Pike Co Mo Missouri

MOTHER

15. MAIDEN NAME: Su Mary Ann Guryn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spring Station Wardlaw Co Kentucky

17. INFORMANT (ADDRESS): Mrs Llewellyn Jones 1000 S. Noland Indep. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE March 30 1935

19. UNDERTAKER (ADDRESS): Otto + Mitchell Independence Mo

20. FILED 4-1- 1935 F L Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-28-35, 19.. to 3-28-35, 19..

I last saw her alive on 3/28/35, 19.. Death is said to have occurred on the date stated above, at 11 45 a.m.

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

	Date of onset
Acute Infectious Jaundice	3/27/35
39	
Other contributory causes of importance:	
Bronchopneumonia	3/28/35

Name of operation — Date of —

What test confirmed diagnosis? Clinical 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? No

If so, specify

(Signed) Raymond G. Gardner, M. D.

(Address) Independence 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.

100M-11-24-33