

MAY 27 1935

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

Do not use this space.

13189

## 1. PLACE OF DEATH

County Jackson  
Township Prasie  
City Little Blaine

Registration District No. 400  
Primary Registration District No. 5553 B  
(No. J. G. Home)

File No. ....  
Registered No. 93  
St. .... Ward)

## 2. FULL NAME

Charles Mitchell  
(a) Residence, No. J. G. Home St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) apl-13-1856

7. AGE YEARS 79 MONTHS 0 DAYS 15 If LESS than 1 day, hrs. .... min. ....

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

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) England

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Eugene Jackson

18. BURIAL, CREMATION, OR REMOVAL Cremated DATE apl 29 1935

19. UNDERTAKER (ADDRESS) Ketterlin

20. FILED 4-29-35 William J. Fields Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to 4-28, 1935

First saw h. alive on 4-26, 1935 Death is said

to have occurred on the date stated above, at 12:15 pm

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

Senile debility Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? chimeric 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) J. H. Greene, M. D.

(Address) In dependence 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.

