

JUN 1 8 1935

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

Do not use this space.

15594

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township

Primary Registration District No. 3006

City Columbia

(No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 109

2. FULL NAME Thomas Mitchell

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

Boone Co. Mo. R. 73 4 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

Male

4. COLOR OR RACE

negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Married

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

July 24, 1875

7. AGE

YEARS

61

MONTHS

June 4

DAYS

4

IF LESS than 1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

OCCUPATION

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

Farmer

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)

Boone Co. Mo.

FATHER

13. NAME

Samuel Mitchell

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

Boone Co. Mo.

MOTHER

15. MAIDEN NAME

Fannie Jackson

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

Boone Co. Mo.

17. INFORMANT (ADDRESS)

I. A. Mitchell (Daughter)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rock Bridge DATE 6-2 1935

19. UNDERTAKER (ADDRESS)

A. C. Freeman Columbia Mo.

20. FILED

6/11 1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

March 8, 1935, to May 28, 1935

I last saw him alive on May 26, 1935. Death is said

to have occurred on the date stated above, at 5 A. m. May 28/1935

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

Date of onset

Myocardial Infarction  
Had these symptoms - heart  
July 20-5

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 \_\_\_\_\_, 1935

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) W. H. Sharp, M. D.

(Address) Columbia 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.

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