

JUN 25 1935

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

Do not use this space.

17162

1. PLACE OF DEATH

County *Mercer*  
Township *Hindley Sup*  
City (No. *Cainsville, Mo.*)

Registration District No. *558*  
Primary Registration District No. *5752*

File No. ....  
Registered No. *27* Ward

2. FULL NAME

(a) Residence, No. *Cainsville Mo* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Murtle Mitchell</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July, 24, 1896</i>		
7. AGE YEARS <i>38</i>	MONTHS <i>9</i>	DAYS <i>15</i>
IF LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	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. <i>Farmer</i>	
	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) <i>Mercer County Missouri</i>		
FATHER	13. NAME <i>Harry Mitchell</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Warrens Co. Iowa</i>	
MOTHER	15. MAIDEN NAME <i>Emma Butler</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mercer County Missouri</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Murtle Mitchell Cainsville Mo.</i>		
18. BURIAL, CREMATION? OR REMOVAL PLACE <i>Freedom Cemetery</i> , DATE <i>May, 11, 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Eddie J. Pollock Cainsville Missouri</i>		
20. FILED <i>5/10/35 Jmt vry</i>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 9, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 8, 1935* to *May 9, 1935*.  
I last saw him alive on *May 6, 1935*. Death is said to have occurred on the date stated above, at *8:50 a.m.*  
The principal cause of death and related causes of importance were as follows:  
*Sarcoma of Pleura*  
Date of onset

Other contributory causes of importance:

Name of operation *Excision* Date of *March 6, 1935*  
What test confirmed diagnosis? *Autopsy* 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 *Sp. Suff.*  
(Signed) *Sp. Suff.*, M. D.  
(Address) *Cainsville Mo.*

5/10-35 Registrar.

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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THIS IS A PERMANENT RECORD

