

SEP 25 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Louis  
Township St. Ferdinand  
City Spanish Lake (No. ....)

Registration District No. 784  
Primary Registration District No. 6030

File No. 27468  
Registered No. 124  
St. .... Ward)

## 2. FULL NAME

William H. Mitchell(a) Residence, No. Spanish Lake, 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWER, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Mitchell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
53 — 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Station Agt.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Burlington RR  
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) Iowa13. NAME Alexand Mitchell14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Shilon Cambrown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa17. INFORMANT (ADDRESS) Shilon Mitchell  
Spanish Lake, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Aug 24, 193519. UNDERTAKER (ADDRESS) Edward Koeh  
3516 W. 14 St20. FILED Aug 22<sup>d</sup> 19 35 W. A. Zwickler Registrar.  
W. B. Smith

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21, 19 3522. I HEREBY CERTIFY, That I attended deceased from 8/16, 1935, to 8/21/35, 1935I last saw him alive on 8/20, 1935. Death is said

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

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

Septicemia Date of onset 8/18/35Other contributory causes of importance: Carbunkles of chest

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 ..... 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? Yes

If so, specify .....

(Signed) W. A. Zwickler, M. D.(Address) 8321 N. B. St.

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.

