

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

Do not use this space.

SEP 26 1935

28369

1. PLACE OF DEATH

County Saline Registration District No. 296
Township W Clay Primary Registration District No. 2035
City Marshall (No. 673) St. W Clay (If nonresident, give city or town and State)
Registered No. 123 Ward

2. FULL NAME

Mary Ann Mitchell
(a) Residence, No. 673 W Clay St. W Clay 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

MEDICAL CERTIFICATE OF DEATH

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

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

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

I HEREBY CERTIFY That I attended deceased from Nov 1, 1933 to Aug 9, 1935

I last saw or alive on Aug 9, 1935 Death is said to have occurred on the date stated above, at 9:30 m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 10 29

Date of onset 1928

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

Arterial Sclerosis

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

Other contributory causes of importance: Ch. Hypertension 1930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Joseph Ucker

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

15. MAIDEN NAME Barbara Nye

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

17. INFORMANT (ADDRESS) Miss Frances Mitchell Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem DATE Aug. 12, 1935

19. UNDERTAKER (ADDRESS) Short + M. Gray Marshall, Mo

20. FILED Aug 10, 1935 Walter Keston Registrar.

Name of operation Ch. Hypertension Date of 1930

What test confirmed diagnosis? Autopsy

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury 1930

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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Walter Keston, M. D.

(Address) Marshall Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

