NOV 9 1935

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

Do not use this space.

34431

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4803 Fountaine St. ..... Ward)

File No. .....

Registered No. 8869

2. FULL NAME Maggie Elizabeth Mitchell

(a) Residence, No. 4803 Fountain St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	50	10	28	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

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) Lincoln County Missouri

FATHER

13. NAME Robert Archer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Missouri

MOTHER

15. MAIDEN NAME Cordelia Crouch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Missouri

17. INFORMANT (ADDRESS) Wallace Mitchell 4803 Fountaine

18. BURIAL, CREMATION, OR REMOVAL

PLACE Troy, Mo. DATE Oct. 23, 1935

19. UNDERTAKER (ADDRESS) A. H. McLaughlin 2301 Lafayette Ave

20. FILED OCT 22 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 3d, 1935, to Oct 21, 1935

I last saw her alive on Oct. 20, 1935 Death is said to have occurred on the date stated above, at 6:45 PM

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

Carcinoma, Uterine Cervix (Primary) with extention to bladder and pelvis and metastasis to liver. — Date of onset: 4 mo

Other contributory causes of importance: 48

Name of operation None Date of

What test confirmed diagnosis? Clinical findings — 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. C. Landree, M. D.

(Address) 302 Univ. Club Bldg St Louis 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.

AUG 2 3 1946