WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAR 21 1936

1668

1. PLACE OF DEATH.
County Jackson — Registration District No. 399 — File No. [illegible]
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 1035
City K.C.MO. (No. 2455 Flora Ave St. Ward)

2. FULL NAME Wm Mitchell
(a) Residence, No. 2455 Flora Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Co
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 10 MONTHS DAYS If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. Labor
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) unknown

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) L. P. Richardson coroner
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge Law DATE 2-11- 1936
19. UNDERTAKER (ADDRESS) H.B. Moore 1820 E 18th St
20. FILED 7/10 1936 M M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-36, 19
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.15 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Glomerular Infantes
Date of onset
Other contributory causes of importance:
Name of operation: Dr Dalgary 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?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]