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.

MAR 17 1936

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

Do not use this space.

4903

1. PLACE OF DEATH
County Cape
Township [illegible]
City Jackson (No. ..... , ... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 4070

File No. .....
Registered No. 7

2. FULL NAME Pearlie Jeanette Mitchell

(a) Residence, No. ..... 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 Female
4. COLOR OR RACE Negro.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1936

7. AGE YEARS MONTHS DAYS 5 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. ✓
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) Jackson, Mo.

FATHER
13. NAME Wilson Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Jackson Mo.

MOTHER
15. MAIDEN NAME Pearlie Harrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allenville Mo.

17. INFORMANT (ADDRESS) Wilson Mitchell Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery Jackson Mo. DATE Feb 3 1936

19. UNDERTAKER (ADDRESS) Crawford-Miller Jackson Mo.

20. FILED 2-4 1936 D. G. Sutton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/2/ 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1936, to Feb 2, 1936
I last saw her alive on Feb 2, 1936. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemophelia	Birth

Other contributory causes of importance: Profuse Bleeding

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? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Jackson Mo