

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

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

Do not use this space.

17207

1. PLACE OF DEATH

County.....
Township.....
City Saint Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 4029 West Belle Place)

File No.
Registered No. 3969
St. Ward

2. FULL NAME Benjamin Franklin Mitchell

(a) Residence, No. 4029 West Belle Place, 11 Ward.
(Usual place of abode)

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

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|---|--|---|---|--|
| 3. SEX Male | 4. COLOR OR RACE Negro | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF Josephine Mitchell | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st, 1862 | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
| | 73 | 10 | 4 | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor | | | |
| | 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) Sept. 1935 | | 11. Total time (years) spent in this occupation. 9 | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marietta Georgia | | | | |
| FATHER | 13. NAME William Mitchell | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable | | | |
| MOTHER | 15. MAIDEN NAME Unavailable | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " | | | |
| 17. INFORMANT Felix Pauldo Mitchell (ADDRESS) 4138a Fairfax Avenue | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE April 13, 1936 | | | | |
| 19. UNDERTAKER Charles G. Gates (ADDRESS) 4107 Finney Avenue | | | | |
| 20. FILED APR 11 1936 J. Bredeck Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 5th, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **March 26, 1936** to **April 5, 1936**
I last saw him alive on **April 5, 1936** Death is said to have occurred on the date stated above, at **4: P.M.**
The principal cause of death and related causes of importance were as follows:
Pinchosis of Liver

Other contributory causes of importance:
Anemia

Name of operation **None** Date of.....
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **XXXXXXXX** 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) **W. H. Mansfield, M. D.**
(Address) **4065a West Belle Place**

Date of onset **Dec. 1935**
Date **Dec. 1935**

