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

JUN 16 1936

Do not use this space.

19197

1. PLACE OF DEATH
County: Greenwood — Registration District No.: 925
Township: Walnut Grove — Primary Registration District No.: 27/57
City: Harold Mo. (No. ..... St. ..... Ward)

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

2. FULL NAME: Margaret Ann 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: William J. Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 22-1846

7. AGE — Years: 89 — Months: 6 — Days: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper.
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): Dallas County Mo

FATHER

13. NAME: John B Highfill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER

15. MAIDEN NAME: Mary Mallard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): Hugh Mitchell, Harold Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mallard Cemetery — DATE: May-14, 1936

19. UNDERTAKER (ADDRESS): Bess Funeral Home, Walnut Grove Mo.

20. FILED: 5-13, 1936 — F. E. McClure, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936 to May 4, 1936
I last saw h[illegible] alive on May 4, 1936. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
82 B	

Other contributory causes of importance:

Name of operation: No. 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: No.
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. B. Smith, M. D.
(Address) Walnut Grove 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.

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

MARGIN RESERVED FOR BINDING

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