SEP 18 1936

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

Do not use this space.

29957

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1061

City St Joseph (No. 628 So 22nd St. Ward)

2. FULL NAME Dora Mitchell

(a) Residence, No. 628-S-22 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred unknown 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 Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1878 Aug 1.

7. AGE 58 YEARS — MONTHS [illegible] — DAYS 1 [illegible] 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Baton rouge La

FATHER

13. NAME John Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baton rouge La

MOTHER

15. MAIDEN NAME Virginia Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) Maria Holt, 628-S 22d Str

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland Cem DATE Aug 17 1936

19. UNDERTAKER (ADDRESS) B. F. Graves 806-S. 10th

20. FILED Aug 17 1936 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20 1936, to Aug 15 1936

I last saw her alive on Aug 15 1936 Death is said to have occurred on the date stated above, at 8:30 A.m.

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

Uterine Carcinoma — Date of onset: Several months

Other contributory causes of importance: Not Aug

Name of operation Not Aug 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? 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) Fenton [illegible] Madison, M. D.

(Address) 2/6 1/4 W Mo ave

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.

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