

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.

SEP 29 1936

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

Do not use this space.

32021

1. PLACE OF DEATH

County Cathlamet
Township Liberty
City _____ (No. _____) St. _____ Ward _____

Registration District No. 720
Primary Registration District No. 5957

File No. _____
Registered No. 19

2. FULL NAME

Frank Sigle Mitchell
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 - 1862

7. AGE YEARS 74 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Jawa

FATHER 13. NAME James Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett

MOTHER 15. MAIDEN NAME Nancy Stone

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

17. INFORMANT (ADDRESS) Mrs Lee Crawford

18. BURIAL, CREMATION, OR REMOVAL PLACE Berry Cem DATE Aug 28 36

19. UNDERTAKER (ADDRESS) F. D. Husler & Son

20. FILED Sept 8 1936 C. E. McCallister Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1936, to Aug 27 1936. I last saw him alive on Aug 26 1936. Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Apoplexy

Other contributory causes of importance:

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) P. P. Hart, M. D.
(Address) Coatesville Mo.

