

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SEP 29 1936

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

Do not use this space.

32140

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near ~~City~~ Farlington, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 146

2. FULL NAME May Cummings Mitchell
 (a) Residence, No. St. Louis, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF I. W. Mitchell

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1936, to August 11, 1936
 I last saw her alive on August 11, 1936. Death is said to have occurred on the date stated above, at 5:35 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 2 10

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

Arteriosclerosis, generalized and marked
Acute Entertitis, (organism unknown)
 Date of onset ?
8/9/36

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

Other contributory causes of importance:
Bronchopneumonia 8/10/36
Pyelitis with Cerebral 6/1/1931
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) Sedalia
 (STATE OR COUNTRY) Mo.

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

FATHER
 13. NAME Geo. W. Cummings
 14. BIRTHPLACE (CITY OR TOWN) Logansport
 (STATE OR COUNTRY) Ind.

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)

MOTHER
 15. MAIDEN NAME Emma Saunders
 16. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Hospital Records
 (ADDRESS) Farlington, Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE 8-13 1936
St. Louis

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Juston
 (ADDRESS) St. Louis Mo.

If so, specify _____

20. FILED Aug 12 1936 T. J. Robinson
 Registrar

(Signed) C. C. Ault, M. D.
 (Address) Farlington, Mo.

