

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City.....

St. Louis

(No.)

St. Louis

32864

File No.

Registered No.

8745

St. Ward)

2. FULL NAME.....

Ralph M. Mitchell

(a) Residence, No.

St.,

Ward.

Perry 211

(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

male

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

Blanche Mitchell

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

July 4 - 1890

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

46

1

19

OCCUPATION

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

coal mining

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

coal worker

10. Date deceased last worked at this occupation (month and year)

7/1933

11. Total time (years) spent in this occupation.....

2 yrs

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

Oklahoma

13. NAME

James Mitchell

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

Oklahoma

15. MAIDEN NAME

Not known

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

not known

17. INFORMANT (ADDRESS)

Blanche Mitchell

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Perry, Mo

DATE

8/26/36

19. UNDERTAKER (ADDRESS)

A. F. Debeck, St. Louis, Illinois

20. FILED

AUG 24 1936

J. F. Debeck

Registrar

MEDICAL CERTIFICATE OF DEATH

No Phy attended
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 22 1936*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at *12:30 P.M.*

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

Lacerations of neck, left arm, self inflicted at residence 8931 Page Ave with a butcher knife

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *8/23/36*

Where did injury occur? *at home* (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?

If so, specify.....

(Signed).....

(Address).....

M. D.

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.

OCT 2 1936

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