

OCT 20 1936

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

Do not use this space.

33676

## 1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital)

File No.

Registered No. 1145

St. Ward

## 2. FULL NAME James J. Mitchell

(a) Residence, No. 1228 5th Ave.

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 4 mos. 1 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

Mary Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1875.

7. AGE

61

YEARS

MONTHS

4

DAYS

1

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Shipping Clerk

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

10. Date deceased last worked at this occupation (month and year) Sept. 1936.

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER

13. NAME James Mitchell

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

MOTHER

15. MAIDEN NAME Katherine Mitchell

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

17. INFORMANT Wm. Mitchell (ADDRESS) 1228 5th Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph, Mo. DATE Sept. 5, 1936

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Stn. St. Joseph, Mo.

20. FILED Sept 4 1936 H. J. Matthews Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 3, 1936

22. I HEREBY CERTIFY. That I Autopsied on Sept 2, 1936 to September 3, 1936

I last saw h. alive on 19 Death is said

to have occurred on the date stated above, at 12:05 P.M.

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

Hemorrhage &amp; shock with multiple fractures of spine &amp; pelvis

Date of onset

Other contributory causes of importance:

Cable broke on elevator at 111 So 4th

Name of operation was Autopsy Date of 9/3/36

What test confirmed diagnosis? Autopsy 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 9/3, 1936

Where did injury occur? St. Joseph, Mo. (Specify city or town, county, and State)

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

Industry Carbon electric box

Manner of injury Carbon electric box

Nature of injury Multiple fractures of pelvis &amp; spine

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify Joint Thomas Coroner (Signed) M. D.

(Address) 731 Jason

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.

