JAN 2 2 1937

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

Do not use this space.

45779

1. PLACE OF DEATH
County Phelps Registration District No. 677 File No.
Township Primary Registration District No. 4403 Registered No. 149
City Rolla (No. Rolla Hospital St. Ward)

2. FULL NAME Billie Gene Mitchell
(a) Residence, No. Licking, Mo. St., Ward.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1927

7. AGE: Years 9 | Months 2 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Licking, Mo.

FATHER
13. NAME John Mitchell,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking, Missouri

MOTHER
15. MAIDEN NAME Bessie Deese
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymondville, Missouri

17. INFORMANT (ADDRESS) Mrs. Bessie Mitchell Licking, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bone Creek DATE Dec. 27, 1936

19. UNDERTAKER (ADDRESS) Smith & Ferguson, Licking, Mo.

20. FILED Dec. 26, 1936 Jos. F. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25, 1936, to Dec. 26, 1936
I last saw him alive on Dec. 26, 1936 Death is said to have occurred on the date stated above, at 4:17 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia (Right Lung) — Date of onset

Other contributory causes of importance:
Acute Appendicitis

Name of operation None done 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?
If so, specify
(Signed) [illegible] McFarland, M. D.
(Address) Rolla Mo.

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.