

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

Do not use this space.

FEB 15 1937

70

1. PLACE OF DEATH

County Audrain Registration District No. 912
 Township Carter Primary Registration District No. 4550
 City Vandalia (No.) St. Ward)

2. FULL NAME

Nancy E. Mitchell

(a) Residence, No. 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. E. Mitchell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 1857
 7. AGE YEARS 79 MONTHS 3 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.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Va (STATE OR COUNTRY) 2

FATHER 13. NAME Shepherd Mays 2

14. BIRTHPLACE (CITY OR TOWN) Va (STATE OR COUNTRY) 2

MOTHER 15. MAIDEN NAME Lou Wilson

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

17. INFORMANT Reed Mitchell (ADDRESS) Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Cemetery DATE Feb 1 1937

19. UNDERTAKER N. S. Waters (ADDRESS) Vandalia Mo

20. FILED 1/30 1937 Carrie F. Utterback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1936 to Dec 17 1936. I last saw him alive on Dec 17 1936. Death is said to have occurred on the date stated above, at 2:15 p. m.

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

Broncho pneumonia Date of onset 2 da
Chronic Bronchitis 5 yrs

Name of operation Date of
 What test confirmed diagnosis? Chin Was there an autopsy? No

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) Phoebe Albert M. D.
 (Address) Vandalia 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.

WHITE PLAIN, WITH UNWADING INK---THIS IS A PERMANENT RECORD

