

APR 22 1937

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

Do not use this space.

12571

File No. \_\_\_\_\_  
Registered No. 17 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County *Madison* Registration District No. *538*  
Township *St. Michael* Primary Registration District No. *3028*  
City *Fredricktown* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Lavinia Jane 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 17 1853*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*84 2 6*

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Genevieve Co Missouri*13. NAME *Edmund B Beard*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Indiana*15. MAIDEN NAME *Lavinia Frairie*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York*17. INFORMANT *Maggie Mitchell*  
(ADDRESS) \_\_\_\_\_18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Libertyville Mo* DATE *Mar 25 1937*19. UNDERTAKER *Ed H Yell*  
(ADDRESS) *Fredricktown, Mo*20. FILED *Mar 25 1937* *S. C. S. Cavaher*  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 23 1937*22. I HEREBY CERTIFY, That I attended deceased from *Dec 1 1934* to *3/23 1937*

I last saw her alive on *3/18 1937*. Death is said to have occurred on the date stated above, at *5:45 P. M.*

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

*Arterio Sclerosis*

Date of onset

*1933*

Other contributory causes of importance:  
*fractured hip in 1934*

Name of operation \_\_\_\_\_ 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? *No*  
If so, specify \_\_\_\_\_(Signed) *Merry Carson* M. D.(Address) *Fredricktown Mo**By C. A. S. Cavaher*

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.

