

JUL 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County Warren
Township Warren
City Warren (No. 11)

Registration District No. 557
Primary Registration District No. 2745

File No. 24285
Registered No. 4 St. _____ Ward)

2. FULL NAME

Louisa Elizabeth Mitchell
(a) Residence, No. Marshall 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Lat David P.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17 1849</u>		
7. AGE YEARS <u>88 P.P.</u>	MONTHS <u>9</u>	DAYS <u>19</u>
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. <u>Retired</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

OCCUPATION

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Mo</u>
13. NAME <u>John Orr</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
15. MAIDEN NAME <u>Mary Hutton</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
17. INFORMANT (ADDRESS) <u>Mrs J. P. Clark J. Marshall, Va</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salisbury Church</u> DATE <u>6-6-1937</u>
19. UNDERTAKER (ADDRESS) <u>James Powell Harrington Mo</u>
20. FILED <u>June 5 1937</u> <u>Mrs Alta V. Wagner</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

I HEREBY CERTIFY That I attended deceased from June 2nd 1937, to June 5th 1937
I last saw her alive on June 2nd 1937 Death is said to have occurred on the (date stated above, at 3:30 m.

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

Chronic Entertitis Date of onset 1930
and influenza

Other contributory causes of importance:

Senility

Name of operation None Date of _____
What test confirmed diagnosis? None 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? No
If so, specify _____

(Signed) M. D. Lippert, M. D.
(Address) Warren City, 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.

THIS IS A PERMANENT RECORD

