

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

80
4
JUL 31 1937

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

Do not use this space.

24645

1. PLACE OF DEATH
County Pulaski Registration District No. 713
Township Wagonville Primary Registration District No. 4428
City Wagonville (No.) St. Ward)

2. FULL NAME John Lacy Mitchell
(a) Residence, No. St. Ward.
(Usual place of abode)
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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>79</u>	<u>8</u>	<u>3</u>		

8. Trade, profession, or particular kind of work done, as spinning sawyer, bookkeeper, etc. General Merchant

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

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 34

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

13. NAME John Henry Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagonville Missouri

15. MAIDEN NAME Wagonville

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagonville Missouri

17. INFORMANT (ADDRESS) E. J. Mitchell Wagonville

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagonville DATE 6/10 1937

19. UNDERTAKER (ADDRESS) J. L. Hoffmann Wagonville

20. FILED 6/9 1937 E. J. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/9 1937

22. I HEREBY CERTIFY That I attended deceased from May 9th 1937, to June 9th 1937
I last saw him alive on June 8th 1937. Death is said to have occurred on the date stated above, at 9 A. m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Spinal 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 1

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. J. Mitchell, M. D.
(Address) Wagonville

