

JUL 31 1937

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

Do not use this space.

24785

1. PLACE OF DEATH

County *St. Francois*
Township *Randolph*
City *Cantwell* (No. *1*)

Registration District No. *779*
Primary Registration District No. *60240*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME *Lamar 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 <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 4 1937</i>		
7. AGE YEARS	MONTHS	DAYS
		<i>3</i>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) *Cantwell*
(STATE OR COUNTRY) *Missouri*

13. NAME *Charles Mitchell*

14. BIRTHPLACE (CITY OR TOWN) *St. Francois*
(STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Viola Breadlove*

16. BIRTHPLACE (CITY OR TOWN) *Arkansas*
(STATE OR COUNTRY)

17. INFORMANT *Edd Mitchell*
(ADDRESS) *Cantwell Mo.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Doerben C.* DATE *July 7 1937*

19. UNDERTAKER *C. J. Bayer*
(ADDRESS) *Doerben Mo.*

20. FILED *July 10 1937* *W. H. Blackworth*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 6 1937*

22. I HEREBY CERTIFY, That I attended deceased from *July 4 1937* to *July 6 1937*
I last saw *him* alive on *July 4 1937* Death is said to have occurred on the date stated above, at *9:30 am.*

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

Pneumonia Bacteria Date of onset _____
Cerebral Hemorrhage during birth
Other contributory causes of importance: *160 lb*

Name of operation *None* 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) *R. J. [Signature]*, M. D.
(Address) *Doerben Mo.*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

