

AUG 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Audrain
Township Saltriver
City Mexico (No. _____)Registration District No. 26
Primary Registration District No. 3002File No. 26559
Registered No. 100
St. 3 (Ward)2. FULL NAME Mary Mitchell(a) Residence, No. 518 S. Walnut 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

Colored

Married

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

Berry Mitchell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5- 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

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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) Boone County, Mo.
(STATE OR COUNTRY)13. NAME Henry Clay Taylor14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT Berry Mitchell
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood, Mexico DATE July 14 193719. UNDERTAKER H. G. Precht & Son
(ADDRESS) Mexico, Mo.20. FILED July 12, 1937 Blanche Keely
Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11, 1937

22. I HEREBY CERTIFY, That I attended deceased from

3-1-, 1937, to 7-11-, 1937.I last saw him alive on 7-11-, 1937. Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

myocarditis, chronic Date of onsetarterio sclerosis

Other contributory causes of importance:

Cerebral hemorrhageName of operation none Date of _____What test confirmed diagnosis? _____ 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 124. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) M. G. Ector, M. D.(Address) Mexico, 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.

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