

DEC 17 1937

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

Do not use this space.

41362

1. PLACE OF DEATH

County Harrison

Registration District No. 334²

Township Bethany

Primary Registration District No. 4197

City Bethany (No. 1)

File No. _____
Registered No. 81
St. _____ Ward _____

2. FULL NAME Catharine 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. Mitchell - Dec'd

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937, to Nov 25, 1937
I last saw her alive on Nov 22, 1937. Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13 - 1845
7. AGE YEARS 92 MONTHS 8 DAYS 12
If LESS than 1 day, _____ hrs. or _____ min.

Chronic Myocarditis

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

Other contributory causes of importance:
None

12. BIRTHPLACE (CITY OR TOWN) near Osceola (STATE OR COUNTRY) Mo.

13. NAME Lera Bacon

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Pernellia Wilkinson

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT Clarence Mitchell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Antisick Cemetery DATE Nov 26, 1937

19. UNDERTAKER Joe E. Wheeler (ADDRESS) Bethany Mo.

20. FILED 11-29-1937 A. L. Wessing Registrar

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?
If so, specify _____
(Signed) A. L. Wessing, M. D.
(Address) Bethany Mo.

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.

