

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

7

2683
Do not use this space.

1. PLACE OF DEATH

(a) County FRANKLIN Registration District No. 295
 (b) Township Boone Primary Registration District No. 5415A Registered No. 1
 (c) City..... (d) Street No..... St.
 (e) Length of residence in city or town where death occurred 58 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mary Mitchell 324

(a) Residence, No. Franklin County, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF HUSBAND OF John R. Mitchell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12, 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Gasconade County 0
 (STATE OR COUNTRY) Missouri. 1

FATHER 13. NAME William Souders 0

14. BIRTHPLACE (CITY OR TOWN) Indiana

MOTHER 15. MAIDEN NAME Sarah Rennick

16. BIRTHPLACE (CITY OR TOWN) Franklin Co.
 (STATE OR COUNTRY) Missouri.

17. INFORMANT John R. Mitchell
 (ADDRESS) Sullivan, Missouri

18. BURIAL, CREMATION, OR REMOVAL Lockhart
 PLACE Sullivan DATE Jan. 7, 1938

19. FUNERAL DIRECTOR Thos. P. Shaffer
 (ADDRESS) Sullivan, Missouri

20. FILED 11 5 38 Edgar W. Sullivan Local Registrar. 267

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4 1938 to Jan. 5 1938.
 I last saw h. ER. alive on Jan. 15 1938. Death is said to have occurred on the date stated above, at 10:00 A. M.
 The principal cause of death and related causes of importance were as follows:

Bronch pneumonia Date of onset 12-25-37
Atherosclerosis
Senility

Other contributory causes of importance: 1070

Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical 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) P. C. Mitchell, M. D.
Sullivan, 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.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Edgar W. Laffoon Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 3394 or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Edgar W. Laffoon

Licensed Embalmer No. 3394

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)