

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

Do not use this space.

REC'D MAR 14 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4918 College) St. _____ (Ward) _____

File No. 5684
 Registered No. 750

2. FULL NAME

MRS. MATTIE M MITCHELL 334

(a) Residence, No. 4918 College St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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) Feb 13 1938

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flemming J. Mitchell 3 yrs

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Feb 13 1938, 1938
 I last saw her alive on Feb 13 1938. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25 - 1885

to have occurred on the date stated above, at 11:50 a.m. (11:50).
 The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 18

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Acute pulmonary edema cerebral hemorrhage

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 _____

820
 Other contributory causes of importance:
Hypertension Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo -

Name of operation _____ X Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Alexander Marie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo -

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo -

17. INFORMANT Mrs. Marie M. Trout (ADDRESS) 4918 College

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Maria DATE Feb. 15 1938

19. UNDERTAKER D. W. Newcome's Sons (ADDRESS) 302 E. 1st

20. FILED 2-17-38 M. D. Brown Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) [Signature] M. D. (Address) 1210 Prof. Bldg.

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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