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.

REC'D APR 9 1938

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

Do not use this space.

File No. 10554

Registered No. 29

1. PLACE OF DEATH
County: Cooper
Registration District No. 218
Township:
Primary Registration District No. 3015
City: Boonville (No. , St. Ward)

2. FULL NAME: Mrs Emma Elizabeth Mitchell 324
(a) Residence, No. 906 Pendleton 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James P. Mitchell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 13-1861
7. AGE: Years 76 Months 3 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: At Home
10. Date deceased last worked at this occupation (month and year): Feb-1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~James E Farris~~ ~~Pettis Co Mo~~ Cooper Co Mo

FATHER
13. NAME: James E Farris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pettis Co, Mo

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Stanley Mitchell Boonville, Mo
18. BURIAL, CREMATION, OR REMOVAL: Cem
PLACE: Walnut Grove DATE: March 13 1938
19. UNDERTAKER (ADDRESS): Goodway & Roller Boonville, Mo
20. FILED: May 12 1938 E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 12 1938
22. I HEREBY CERTIFY, That I attended deceased from Mar 3 1938, to Mar 12 1938
I last saw her alive on March 11 1938 Death is said to have occurred on the date stated above, at 3:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3-3-38

Other contributory causes of importance: arteriosclerosis

Name of operation: none 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) T. C. Beckett, M. D.
(Address) Boonville, Mo