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 JUN 12 1938

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

Do not use this space.

20254

1. PLACE OF DEATH

County

Township

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 5393

(No. Homer G, Phillips Hospital St. Ward)

2. FULL NAME Henry Alvin Mitchell

(a) Residence, No. 4065 Enright Avenue St., ~~23rd~~ 324 Ward 18
(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: Male

4. COLOR OR RACE: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: Years about 32 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brick Yard

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Missouri

FATHER

13. NAME: Scott Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Missouri

MOTHER

15. MAIDEN NAME: Mamie Nance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Missouri

17. INFORMANT (ADDRESS): Ira Mitchell 6213 Wells Ave. (rear)

18. BURIAL, CREMATION, OR REMOVAL: PLACE Cape Girardeau, Mo. DATE June 15 1938

19. UNDERTAKER (ADDRESS): Frank J. Sparks Cape Girardeau, Missouri

20. FILED JUN 14 1938 19 J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

NO Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:55 P.M.

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

Haemorrhage due to stab wound of neck, lacerating External Carotid and Facial arteries with a Knife in the hands of one Vandon Baskin, whom he attacked, at 4065 Enright Avenue about 5:45 o'clock P.M., June 11th, 1938.

JUSTIFIABLE HOMICIDE.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Jus. Hom Date of injury 6/11/, 1938

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Knife wounds

Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) Joseph M. Quinn, M.D.

(Address) 1300 Clark Avenue 4 Deputy Coroner

--STATEMENT OF LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by myself, Frank J. Sparks.

Signed F. J. Sparks

Licensed Embalmer No. 3453

P.O. Address Cape Girardeau Mo