

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

Do not use this space.

**REC'D** AUG 24 1938

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25488

**1. PLACE OF DEATH**

County Howell

Township Dry Creek

City.....

(No.....

St.....

Ward.....

Registration District No. 387

Primary Registration District No. 3340

File No.....

Registered No.....

**2. FULL NAME**

ELIZA MITCHELL

(a) Residence, No.....

Pomona, Mo.

St.....

Ward.....

(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 George Mitchel, Drowned 3 yrs previous.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

13. NAME Unk.

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

15. MAIDEN NAME Unk.

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

17. INFORMANT Daily Quill (Newspaper)  
(ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mackey Cem.  
PLACE Pomona, Mo. DATE Feb. 1, 1925

19. UNDERTAKER (ADDRESS)

20. FILED July 31, 1938 Dana Cage 2/1  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1923

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 2:30 P.

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

Accidental: Run down by Frisco freight train #52

Other contributory causes of importance:

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) T. D. Boles, Coroner, XXX  
West Plains, Mo.  
(Now deceased. 7/22/38)

100-100000

100-100000

100-100000

100-100000

100-100000

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25-488  
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 387  
 (b) Township Dry Creek Primary Registration District No. 5340 Registered No. ....  
 (c) City ..... (d) Street No. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Eliza Mitchell  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 30 1908</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				22. I HEREBY CERTIFY, That I attended deceased from		
8. DATE OF BIRTH (MONTH, DAY, AND YEAR)				I last saw h. .... alive on ....., 19..... Death is said		
7. AGE	YEARS <u>70</u>	MONTHS	DAYS	to have occurred on the date stated above, at ..... m.		
				The principal cause of death and related causes of importance were as follows:		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			Date of onset		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>House keeper</u>					
	10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation				Other contributory causes of importance:		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)						
FATHER	13. NAME					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
MOTHER	15. MAIDEN NAME					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
17. INFORMANT (ADDRESS)						
18. BURIAL, CREMATION, OR REMOVAL						
PLACE DATE 19						
19. FUNERAL DIRECTOR (ADDRESS)						
20. FILED <u>9-10-35</u> <u>Dora Coyle</u> <u>Pal Registrar</u>						
				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) <u>T. D. Byles</u> <u>Coroner</u>						
(Address) <u>West Plains</u> <u>now deceased</u>						

SUPPLEMENTARY

