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.

DEC 5 1938

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

Do not use this space.

1. PLACE OF DEATH
County Franklin 2 Registration District No. 2954179
Township Meramec 1 Primary Registration District No. 5412 5412
City Sullivan, Mo. (No. , 5412 St. Ward)

File No. 39084
Registered No.

2. FULL NAME James Thomas Mitchell,
(a) Residence, No. Sullivan, Mo. 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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Mitchell,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3d. 1854

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	I	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Carlisle, Ind.

FATHER
13. NAME Robert Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Ind.

MOTHER
15. MAIDEN NAME Elsie Ranken,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Ind.

17. INFORMANT (ADDRESS) Mary Mitchell, Sullivan, Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Terre Haute, Ind. DATE Nov. 26, 1938

19. UNDERTAKER (ADDRESS) J.T.Williams, Sullivan, Mo.

20. FILED Nov. 27, 1938 Edgar W. Laffoon Registrar. 268

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23d. 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1938, to Nov. 23, 1938
I last saw him alive on Nov 23, 1938. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute cardiac dilatation

93 P

Other contributory causes of importance:
Senility &
Myocarditis.

Name of operation Date of
What test confirmed diagnosis? Physical 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) R. P. Royse, M. D.
(Address) Sullivan Mo.

OCT 6 1941