

APR 18 1939

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

Do not use this space.

10422

1. PLACE OF DEATH

County Cass

Registration District No. 158

File No. 6

Township

Primary Registration District No. 4092

Registered No.

City Raymore (No. 3211)

St. Ward

2. FULL NAME TAYLOR MITCHELL

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

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~~ widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 84 0 26

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. Farm  
10. Date deceased last worked at this occupation (month and year) Aug. 1938 11. Total time (years) spent in this occupation. life

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

MOTHER FATHER 13. NAME Alfred Mitchell

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mr. Ora. M. Mathers (ADDRESS) Raymore, Missouri

18. BURIAL ~~PREPARATION OR REMOVAL~~ PLACE Raymore, Mo. DATE April 1, 1939

19. UNDERTAKER E. V. George and Sons (ADDRESS) Belton, Mo.

20. FILED 3-21 1939 R. M. Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1939

22. I HEREBY CERTIFY, That I attended deceased from March 20 1939, to March 29 1939

I last saw him alive on March 29 1939. Death is said to have occurred on the date stated above, at 9:04m.

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

chronic Myocarditis Date of onset ?

Other contributory causes of importance: Ch. Interstitial nephritis  
General anasarca

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) Marion V. Robbins M. D.  
Raymore, Missouri

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.

