

Dr. Albert Martini

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

15542
Do not use this space.

1939 MAR 2 1938

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 6767
(b) Township East Prairie Primary Registration District No. 6334
(c) City East Prairie (d) Street No. _____ St.
(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.

Registered No. 26

2. PRINT FULL NAME

ANDY CLATON MITCHELL
(a) Residence, No. East Prairie St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 24, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) East Prairie, Mo.

13. NAME John W. Mitchell

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) East Prairie, Mo.

15. MAIDEN NAME Mary Whitlock

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

17. INFORMANT (ADDRESS) John W. Mitchell

18. BURIAL, CREMATION, OR REMOVAL PLACE Osage DATE April 27, 1939

19. FUNERAL DIRECTOR (NAME) Travis N. Shelby

20. FILED April 28, 1939 Miss L. M. Hodges Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/18 1939, to 4/26 1939

I last saw him alive on 4/25 1939 Death is said to have occurred on the date stated above, at 12 a.m.
The principal cause of death and related causes of importance were as follows:

Gastro Enteritis

Date of onset

Other contributory causes of importance: Flu

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) A. J. Martini, M. D.
East Prairie, Mo. (Address)

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.

WHITE PAPER, WITH IMPADING INK—THIS IS A PERMANENT RECORD

I X16605

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Travis N. Shelby

Licensed Embalmer No.....

12756

P. O. Address

East Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.