

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

Do not use this space.

REC'D JUL 15 1939

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 80

Township Agency

Primary Registration District No. 4048

City Agency, Mo. (No. ....) St. .... Ward)

File No. 21537

Registered No. ....

**2. FULL NAME**

Fancy Ann Mitchell

(a) Residence, No. Agency, 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 James L. Mitchell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 25, 1878  
 7. AGE YEARS 100 MONTHS 5 DAYS 15 If LESS than 1 day, .... hrs. or .... min.

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

13. NAME Elec. Cobb

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

15. MAIDEN NAME Sally Bledsoe

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

17. INFORMANT Mary Mitchell Palan (ADDRESS) Agency

18. BURIAL, CREMATION, OR REMOVAL PLACE Agency Cemetery DATE June 11, 1939

19. UNDERTAKER F. G. Sullivan (ADDRESS) Loverly, Mo.

20. FILED June 11, 1939 Mrs. Lucy Powell Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1939

22. I HEREBY CERTIFY That I attended deceased from December 10, 1938, to June 10, 1939  
 I last saw him alive on June 9, 1939 Death is said to have occurred on the date stated above, at 3:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Myocarditis  
Cerebral thrombosis  
 Date of onset Unknown  
6-1-39

Other contributory causes of importance: 928

Name of operation W Date of .....  
 What test confirmed diagnosis? Phys. Ex. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Yes Date of injury ....., 19...  
 Where did injury occur? W (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? No  
 If so, specify S. L. Sullivan  
 (Signed) S. L. Sullivan, M. D.  
80 (Address) Dearborn Mo

WRITE PLAINLY WITH UNFADING INK... IS A PERMANENT RECORD  
 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.

X7043

The body described on reverse side of this  
paper was embalmed by me.

W. A. Sullivan  
Gower, Mo.  
(License no. 1738)

RECEIVED

District Health Officer No. 11,

District File Number 739-883

Filed JUL 13 1939