

REC'D AUG 18 1939

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

Do not use this space.

1. PLACE OF DEATH

County Maion
Township Liberty
City Palmyra (No. 3245)

Registration District No. 548
Primary Registration District No. 5740

File No. 26238
Registered No. 42
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (Usual place of abode) (OR) WIFE OF Henry Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March - 26 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 10

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

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) Germany

13. NAME Alfred Craig

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

15. MAIDEN NAME Mary Bean

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

17. INFORMANT Henry Mitchell (ADDRESS) Palmyra Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Cemetery DATE 7-8 1939

19. UNDERTAKER E. J. Gueque (ADDRESS) Palmyra Mo

20. FILED July 8 1939 Rebinder Lee Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20 1939, to July 6 1939
I last saw her alive on July 3 1939. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Arteriosclerosis of spine
History of 7 or 8 null
amputation

Other contributory causes of importance: 52

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? No
If so, specify _____ M. D.
(Address) Palmyra Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

