AUG 12 1939

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

26961
Do not use this space.

97

1. PLACE OF DEATH

(a) County Saline. 2 Registration District No. 799

(b) Township Clay Primary Registration District No. 6048 Registered No. 34

(c) or City ~~Slater, Mo.~~ (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.

2. PRINT FULL NAME Thomas Omer Mitchell Jr.

(a) Residence No. 324 Slater, Saline County, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-16-1939.

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

OCCUPATION

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. Infant

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) Near Slater Mo

FATHER

13. NAME Thomas Omer Mitchell Jr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Marshall Mo.

MOTHER

15. MAIDEN NAME Geneveive Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Annapolis, Mo.

17. INFORMANT (ADDRESS) Thomas Omer Mitchell Slater, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater City DATE July-18-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jones & Salzer Slater Mo.

20. FILED July 18, 1939 W M Tuttle Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-17-39, 19

22. I HEREBY CERTIFY, That I attended deceased from July 16th, 1939, to July 17, 1939.
I last saw him alive on July 17, 1939. Death is said to have occurred on the date stated above, at 2.15PM.
The principal cause of death and related causes of importance were as follows:

Premature birth

Date of onset

154

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? no Was there an autopsy? no

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? None (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) W E Lackwood, M. D.
(Address) Slater Mo

(Licensed Embalmer's Statement on Reverse Side)

WHITE PLAINLY, WITH UNFADING INK—THIS 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.

1 X16805

RECEIVED
District Health Officer No. 8,
District File Number 8/3/39
Date Filed

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 Was not Embalmed, Registered Apprentice No. working under my personal supervision.

Signed J E Jones

Licensed Embalmer No. 23143

P. O. Address Leiter

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

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