

NOV 24 1939

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

Do not use this space.

35920

1. PLACE OF DEATH

29 County Dade Registration District No. 238
Township Lakewood Primary Registration District No. 41165
City Lakewood (No. 1) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Martha E. Mitchell
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 5 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Dade Co. Mo

13. NAME J. A. Mitchell 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn. Mo

15. MAIDEN NAME Charlotte A. Harris

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

17. INFORMANT (ADDRESS) Stella Mitchell
Lakewood, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hickory Grove DATE April 10, 1939

19. UNDERTAKER (ADDRESS) J. P. Caldwell
Lakewood, Mo

20. FILED 4-11 1939 J. C. W. Ree 215
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-12- 1939 to 4-8- 1939

I last saw him alive on 4-8- 1939. Death is said to have occurred on the date stated above, at 8:00 P.m.

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

Endocarditis Cor. Date of onset sent
known

Other contributory causes of importance: Arthritis 72

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 _____

(Signed) T. D. Combs, M. D.

(Address) Lakewood, Mo

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.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5800 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

DATE: _____

TO: _____

FROM: _____

SUBJECT: _____
