

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

Do not use this space.

40577

**1. PLACE OF DEATH**

County Rulaski

Registration District No. 713

Township

Primary Registration District No. 4425

City Waynesville (No. 320)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

Edward J. Mitchell

(a) Residence, No. \_\_\_\_\_

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**

**MEDICAL CERTIFICATE OF DEATH**

|   |  |  |
|---|--|--|
| 1. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>divorced</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Fay Mitchell</u>   |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br><u>Nov. 2, 1885</u>                        |  |  |
| 7. AGE  | YEARS<br><u>54</u>   | MONTHS<br><u>22</u>  |
|   | DAYS<br><u>22</u>  | IF LESS than 1 day, _____ hrs. or _____ min.                                 |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Farmer</u> |  |
|   | 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)<br><u>Sept. 1934</u>                       | 11. Total time (years) spent in this occupation<br><u>1 1/2</u>              |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo. Mo.</u>                    |  |  |
| FATHER  | 13. NAME<br><u>James M. Mitchell</u>   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo. Mo.</u>   |  |
| MOTHER  | 15. MAIDEN NAME<br><u>Sarah L. McKinstry</u>   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br><u>Mo. Mo.</u>   |  |
| 17. INFORMANT (ADDRESS)<br><u>H. S. Mitchell, Waynesville</u>                         |  |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br><u>Walden Cem. DATE <u>12/26</u> 19<u>34</u></u> |  |  |
| 19. UNDERTAKER (ADDRESS)<br><u>Ed. Hays &amp; Sons, Waynesville</u>                   |  |  |
| 20. FILED <u>12/24</u> 19 <u>34</u> <u>Coyle</u> Registrar.                           |  |  |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/22, 1934, to 11/24, 1934

I last saw him alive on 11/23, 1934. Death is said to have occurred on the date stated above, at 4:30 A.M.

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

Date of onset 11/21/34

Other contributory causes of importance: 109

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 1934  
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. G. Talbot, M. D.  
(Address) Waynesville - 1

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

RECEIVED

District Health Officer No. 5,

District File No. 1239-488

Date Filed 12-3-39