

Registration District No. \_\_\_\_\_ Primary Registration District No. **3**

**1. PLACE OF DEATH:**  
 (a) County Pike Co., Mo.  
 (b) City or town Louisiana, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Pike Co. Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Pike  
 (c) City or town Eolia  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** Mitchell, Linnie Ethel 324  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_  
**4. Sex** Female **5. Color or race** W **6. (a) Single, widowed, married, divorced** Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** alive \_\_\_\_\_ years  
**7. Birth date of deceased** Dec. 6 1881  
 (Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month 1 day 2  
 year 1940 hour 6:50 minute A M.  
**21. I hereby certify that I attended the deceased from**  
1/1, 1940, to 1/2, 1940  
 that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 58 Months 1 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Lobar pneumonia  
 Due to L  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations None  
 Of autopsy None

**9. Birthplace** Lincoln Co. Mo. (City, town, or county) (State or foreign country)  
**10. Usual occupation** Housework  
**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
**12. Name** Thomas Robert Mitchell  
**13. Birthplace** Texas (City, town, or county) (State or foreign country)  
**14. Maiden name** Laura Agnes Pritchett  
**15. Birthplace** Pike Co. Mo. (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically

**16. (a) Informant's own signature** \_\_\_\_\_  
**(b) Address** Eolia, Mo  
**17. (a) Burial (b) Date thereof Jan. 4-1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Eolia Cemetery  
**18. (a) Signature of funeral director** Goach & Hudson Co  
**(b) Address** Eolia - Mo  
**19. (a) Jan 30 1940** (b) W. H. Goach  
 (Date received local registrar) (Registrar's signature)**

**22. If death was due to external causes, fill in the following:**  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
**23. Signature** [Signature] (M. D. or other)  
 Address 1 Date signed \_\_\_\_\_

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 importa

RECEIVED  
INDEX CARD  
DISTRICT OFFICE  
DISTRICT

**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 \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Norman E. Hoach

Licensed Embalmer No. 2342

P. O. Address Eolia mo

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

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3388  
Do not use this space.

1. PLACE OF DEATH

(a) County Pike Registration District No. 689  
 (b) Township Louisiana Primary Registration District No. 9033 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 Linnie Ethel Mitchell

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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) s

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2, 1940

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

22. I HEREBY CERTIFY, That I attended deceased from 1-1 to 1-2, 1940

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 1891

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 6:30 a.m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 1 26

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

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. Housework  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Lobar Pneumonia  
 Date of onset \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo

Other contributory causes of importance: none

FATHER 13. NAME Thomas Robert Mitchell

Name of operation none Date of \_\_\_\_\_

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

MOTHER 15. MAIDEN NAME Laura Agnes Pritchett

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. \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Mo

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

17. INFORMANT (ADDRESS) E. D. Cunningham

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Burial Lake DATE 1-4 1940

19. FUNERAL DIRECTOR (ADDRESS) Gooch Hudson  
Edna

(Signed) E. D. Cunningham, M. D.

20. FILED 3-18 1940 F. H. Taylor  
 Local Registrar

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-3388