

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

Do not use this space.

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FILLED NOV 14 1941

1. PLACE OF DEATH

County Pulaski
Township Cullen
City _____ (No. _____) St. _____ Ward _____

Registration District No. 713
Primary Registration District No. 5942

File No. _____
Registered No. _____

2. FULL NAME GEORGE MITCHELL

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/27/61

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 5 17

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

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) Not known 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waynesville

13. NAME George Martin Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

15. MAIDEN NAME Mary C. Lusteron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

17. INFORMANT (ADDRESS) George Mitchell

18. BURIAL, CREMATION OR REMOVAL PLACE Bradford Ave DATE 10/17 1941

19. UNDERTAKER (ADDRESS) J. P. Hooper & Son

20. FILED 10/15 1941 C. P. Albert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1941, to 10/14 1941

I last saw him alive on 9/10 1941. Death is said to have occurred on the date stated above, at 5 A. m.

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

Chronic Valvular Heart Disease

Other contributory causes of importance: 93d

Name of operation _____ Date of _____

What test confirmed diagnosis? Physic 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 _____, 1941

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) C. P. Albert, M. D.

(Address) Waynesville

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.

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RECEIVED

Pulaski County Health Officer

File Number 11-6-2

Date Filed 11-6-41