

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

Do not use this space.

12664

**1. PLACE OF DEATH**

County Clay  
Township Platte  
City Smithville (No. \_\_\_\_\_)

Registration District No. 203  
Primary Registration District No. 5-281

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Mitchell

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. da. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. \_\_\_\_\_  
(if nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

male

**4. COLOR OR RACE**

Black

**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)**

10-1-1897

**7. AGE**

YEARS 30

MONTHS 6

DAYS 4

H LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work day laborer

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Clay Co. Mo.

**10. NAME OF FATHER**

Unknown

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Liza Rogers

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Platte Co. Mo.

**14. INFORMANT**

(Address)

Prima Rogers  
Smithville, Mo.

**15.**

FILED 4/10, 1928 E. C. Hill

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

4-5-1928

**17.**

I HEREBY CERTIFY, That I attended deceased from Oct 12, 1927, to April 5, 1928, that I last saw him alive on April 4, 1928, and that death occurred, on the date stated above, at 4:00 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Dropy caused by retention of pleural effusion  
24 hrs (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**CONTRIBUTORY (SECONDARY)**

90% (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?**

no

DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?**

no

**WHAT TEST CONFIRMED DIAGNOSIS?**

examined

(Signed) E. C. Hill

4/5, 1928 (Address) Smithville

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Liberty, Mo.

**DATE OF BURIAL**

4-6-1928

**20. UNDERTAKER**

McLennan Undt. Co. Smithville, Mo.

**ADDRESS**

