JUL 26 1929

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

Do not use this space.

22151

1. PLACE OF DEATH

County NEWTON — Registration District No. 609 — File No. 49

Township — Primary Registration District No. 4363 — Registered No.

City NEOSHO (No. SALE HOSPITAL St. Ward)

2. FULL NAME Edna Francis Mitchell

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 28, 1881

7. AGE: YEARS 48 — MONTHS 0 — DAYS 17 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work HOUSEWIFE
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

235

2

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

PARENTS

10. NAME OF FATHER George E Collins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Maine
12. MAIDEN NAME OF MOTHER Laura Monroe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Maine

14. INFORMANT A Mitchell
(Address) SPRINGFIELD, MISSOURI

15. FILED 7/8 1929 G. C. Maurer REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) JUNE 15 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 12:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries received in automobile Accident Left Carotid Artery being severed
Accident happened on Mo. Highway 16 about 1 mile south of Granby Mo
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 210 M
(duration) yrs. mos. ds.

1880

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) James Mitchell, Coroner
6-16, 1929 (Address) Granby Mo

*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: SPRINGFIELD, MISSOURI — DATE OF BURIAL: 6/16 1929

20. UNDERTAKER: Bigham's — ADDRESS: Neosho

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.