NOV 21 1930

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

Do not use this space.

32107

File No.

Registered No. 20

1. PLACE OF DEATH

County Boone, Registration District No. 78

Township Missouri, Primary Registration District No. 4046

City Rocheport (No. St. Ward)

2. FULL NAME James Mitchel

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

Length of residence in city or town where death occurred 70 yrs. 4 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Mitchel

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 4 1860

7. AGE: Years 70 Months 4 Days 23 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rocheport (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER George Mitchel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co. (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Hughes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Boone Co. (STATE OR COUNTRY) Missouri

14. INFORMANT David Mitchel (Address) Columbia Missouri

15. FILED 11/1 1930 Mary M. Angell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/27/ 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930 to Oct 27 1930 that I last saw him alive on Oct 27 1930 and that death occurred, on the date stated above, at 4:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Arterio Sclerosis

(duration) 2 yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. A. Angell M. D.

10/28 1930 (Address) Rocheport 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: Rocheport Missouri — DATE OF BURIAL: 11-2 - 1930

20. UNDERTAKER: Stewart P. Parker — ADDRESS: Columbia Mo

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.