

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

Do not use this space.

34028

1. PLACE OF DEATH

County St. Louis County  
Township Central  
City St. Vincent's Sanitarium

Registration District No. 289  
Primary Registration District No. 6033B  
(No. St. Vincent's Sanitarium)

File No. \_\_\_\_\_  
Registered No. 298  
St. \_\_\_\_\_ Ward)

2. FULL NAME Miss Nellie Mitchell

(a) Residence. No. St. Vincent's Sanitarium St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

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

Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1930

17:

I HEREBY CERTIFY, That I attended deceased from July 13, 1923, to Oct 20, 1930.  
That I last saw h. h. alive on Oct 19, 1930, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

chronic myocarditis

936

84

(duration) yrs. mos. ds.

CONTRIBUTORY delusional psychosis  
(SECONDARY)

(duration) 8 yrs. mos. ds.

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 \_\_\_\_\_

(Signed) Engene J. Malley, M. D.

10/20, 1930 (Address) Missouri Body - St. Louis

\*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.

9. BIRTHPLACE (CITY OR TOWN) Somerset  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER F. Mitchell (Dead)

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown  
(STATE OR COUNTRY) no

12. MAIDEN NAME OF MOTHER (Dead) no

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no  
(STATE OR COUNTRY) no

14. INFORMANT Sister Raphael, Supt.  
(Address) St. Vincent's Sanitarium

15. FILED 10/20 1930 Paula Bracy M. D. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

to always

DATE OF BURIAL

Oct 21 1930

20. UNDERTAKER

Charles Kelly

ADDRESS

4026 Eastern

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

NOV 28 1930

about

