

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

Do not use this space.

3404

FEB 25 1932

1. PLACE OF DEATH
 County Scott Registration District No. 520
 Township Sylvania Primary Registration District No. 4496
 City Oran (No. _____) St. _____ Ward _____

2. FULL NAME Richard B. Mitchell
 (s) 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 _____ yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 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) 4/9/23

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
8 9 15

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/24 1932

17. I HEREBY CERTIFY, That ~~Richard B. Mitchell~~ Richard B. Mitchell was born on 4/9/23, at _____, 19____, and that I last saw him alive on 1/24/32, 1932, and that death occurred, on the date stated above, at 11 a. m.

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

PARENTS

10. NAME OF FATHER Louis Mitchell
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rose Pickens
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Automobile accident
(Struck by automobile)
2/10/30 (duration) _____ yrs. _____ mos. 15 min.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ da.

14. INFORMANT Louis Mitchell
 (Address) Oran Mo

15. FILED 2/9, 1932 H. Slickman
 REGISTRAR

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

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

20. WAS THERE AN AUTOPSY? Yes (1)

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. A. Clark, M. D.
 19 (Address) Oran 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 Friend Cemetery DATE OF BURIAL 1/25 1932

20. UNDERTAKER T. S. Heisserer & Co ADDRESS Oran

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Scott
Township Gran
City Gran (No. St. Ward)

Registration District No. 820
Primary Registration District No. 4496

File No.
Registered No.

2. FULL NAME

Richard B. Mitchell

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 8/9 1932 J. Stuchman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 19

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

Automobile accident Date of onset
leaving church
Running across street
at Gran, Mo.
Other contributory causes of importance: Scott County

Name of operation 210 Date of
What test confirmed diagnosis? Was there an autopsy? 229

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

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?
If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

A FEE C. of information should be carefully supplied. AGE should be stated EXACTLY. PHYS. should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION should be stated in plain terms, so that it may be properly classified.

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