

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

Do not use this space.

17397

JUN 27 91

**PLACE OF DEATH**

County St. Louis  
Township Richmond  
City Richmond

Registration District No. 1170  
Primary Registration District No. 6248  
No. St. Marys Hosp

File No. \_\_\_\_\_  
Registered No. 101  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**FULL NAME**

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

McBlansboro Ill.  
(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 Male 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 Hannah Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 71 0 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 454  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer  
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) Ill.

13. NAME Daniel Mitchell

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

15. MAIDEN NAME Elizabeth Dowling

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

17. INFORMANT (ADDRESS) Miss Gertrude Marie St. Marys Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE McBlansboro Ill. DATE May 3 1932

19. UNDERTAKER (ADDRESS) Mullen & Co. 5165 Delmar Blvd.

20. FILED 5/3 1932 C. G. Kussner Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1930 to May 2 1932  
I last saw him alive on May 2 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Pneumonia, Lobar, Right, following operation of apr. 30, 1932, for relief of scar of lower lip, resulting from cancer operation in 1931.  
Other contributory causes of importance: Chronic myocarditis, Neck gland dissection, and Palatine on lip.

Name of operation Palatine on lip Date of Apr. 30  
What test confirmed diagnosis? clinical Was there an autopsy? no

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) Charles F. Sherwin, M. D.  
(Address) 3720 Washington St. Louis Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

