

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

Do not use this space.

25810

1. PLACE OF DEATH  
 32 County Clay Registration District No. 259  
 Township Sherman Primary Registration District No. 5361  
 City (No. \_\_\_\_\_) Ward \_\_\_\_\_

2. FULL NAME Mrs. Laura J. Mitchell  
 (a) Residence, No. \_\_\_\_\_, St. \_\_\_\_\_, Ward Union Star, Mo.  
 (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.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF John Mitchell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11 - 1848  
 7. AGE YEARS 83 MONTHS 8 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife  
 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) Roanoke Va.  
 FATHER 13. NAME Steven H. Danner  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana Va.  
 MOTHER 15. MAIDEN NAME Francis Reverend  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Va.  
 17. INFORMANT Fulu B. Means  
 (ADDRESS) Union Star, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo DATE Aug 16 1932  
 19. UNDERTAKER H. H. Wilson  
 (ADDRESS) Union City, Mo  
 20. FILED Aug 17 1932 J. P. Wilson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 14 1932 to Aug 14 1932  
 I last saw him alive on Aug 14 1932 Death is said to have occurred on the date stated above, at 7:50 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Shock following Fracture Femur  
 Other contributory causes of importance:  
1826 1946 1860 14  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury July 11 1932  
 Where did injury occur? at home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. at home  
 Manner of injury Fall  
 Nature of injury Fracture Femur  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signature) E. M. Reynolds M. D.  
 (Address) Union Star 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.

SEP 22 1932

