

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.

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

Do not use this space.

12130

APR 22 1933
108

1. PLACE OF DEATH

County Linn
Township Washington
City Woods

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 66
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. J. C. Mitchem
(Usual place of abode) State Hosp # 3 St. _____ Ward _____

Length of residence in city or town where death occurred 11 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 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) 1867 ?

7. AGE YEARS 66? MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Mo.

13. NAME Claude Mitchem

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) Mrs. C. M. Todd,

18. BURIAL, CREMATION, OR REMOVAL PLACE Seabolt Mo. DATE 3-6-33 1933

19. UNDERTAKER (ADDRESS) Alley V. Hayes

20. FILED 3-14-1933 E. B. King Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 3 1933

22. HEREBY CERTIFY, That I attended deceased from Aug 4 1932 to Mar 3 1933
I last saw him alive on Mar 2 1933 Death is said to have occurred on the date stated above, at 4:25 A

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

Coronary Thrombosis
9/11
7/5/11
Other contributory causes of importance:
Chc. myocarditis
Arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Microsc. Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) Lawrence L. Cooper M. D.
(Address) Nebraska Mo

Mrs C. W. Todd

Florida 2000.