

SEP 14 1934

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Primary Registration District No. 3009
City " (No. ") St. " Ward "

File No. 28541Registered No. 145

2. FULL NAME

Reva Mitchell
(a) Residence, No. Mittellville 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don Mitchell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-22-1861</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>0</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House work</u>		11. Total time (years) spent in this occupation
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)

OCCUPATION

MOTHER FATHER

MOTHER

MOTHER

MOTHER

MOTHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape County</u>
13. NAME <u>Joe Ballinger</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>
15. MAIDEN NAME <u>Don't know</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>
17. INFORMANT (ADDRESS) <u>Mrs. Leggie Smith</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington Cemetery Aug 12 1934</u>
19. UNDERTAKER (ADDRESS) <u>Harvey Funeral Home 1075 Sprigg St. City</u>
20. FILED <u>8-12-1934</u> <u>J. M. Thompson</u> Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/9 - 1934
22. I HEREBY CERTIFY, That I attended deceased from 8/9 1934, to 8/9 1934.
I last saw her alive on August 1, 1934. 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:

13. Nephritis (Infection)
298
Date of onset

Other contributory causes of importance:

Uremic (Poison)

Name of operation none Date of "
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) J. M. Thompson, M. D.
(Address) Cape Girardeau Mo
106 Sprigg St.

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.

(5)

Handwritten scribble

Handwritten scribble

Handwritten scribble

145

Repe Turandem

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Rena Mitchell
Who died at _____ on Aug 9 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days _____
Sex F Color or race B Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years 73 Months 0 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Nephritis Month _____ Year _____
Birthplace (State or country) _____
Birthplace of father (State or country) _____
Birthplace of mother (State or country) _____
Principal cause of death: Nephritis was chronic 131

Other contributory causes of importance Chronic poisoning
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician _____
Address of physician _____

Signature of Registrar M. Thompson Date filed 0-10-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 125
Primary Reg. Dist. No. 3009

E. T. McLaugh M.D.
Special Agent. S.C.

S-285-41

UNITED STATES GOVERNMENT

OFFICE OF THE SECRETARY

THE SECRETARY OF THE INTERIOR

DEPARTMENT OF THE INTERIOR

LAND OFFICE

WASHINGTON, D. C.

1900

1900

1900

1900

1900