JAN 10 1935

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

Do not use this space.

File No. 44240

Registered No.

1. PLACE OF DEATH

94

County St. Francois — Registration District No. 779

Township Randolph — Primary Registration District No. 6024a

City Gumbo (No. ..... St. ..... Ward)

2. FULL NAME Thomas Mitchell

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1, 1868

7. AGE: YEARS 66 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Miner
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): Jasper Ill.

FATHER

13. NAME: Edward Francis Mitchell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Canada

MOTHER

15. MAIDEN NAME: Sadie Lane
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jasper Ill.

17. INFORMANT (ADDRESS): Ed Mitchell Leadwood

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leadwood DATE Dec. 15, 1934

19. UNDERTAKER (ADDRESS): J. S. Boyer Leadwood

20. FILED Jan 9, 1935 W. P. Duckworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1934, to Dec 6, 1934

I last saw him alive on Dec 10, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Pulm Mo — Date of onset unk

Other contributory causes of importance:
arteriosclerosis
myocarditis chr

Name of operation ..... Date of .....

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? 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? .....

If so, specify .....

(Signed) Harold C Goebe, M. D.

(Address) Desloge Mo