OCT 17 1935

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

Do not use this space.

28885

File No.

Registered No. 209

1. PLACE OF DEATH
County Callaway
Township
City Fulton. Mo. (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME Irvin Grissom Mitchel.
(a) Residence, No. 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: 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 Husband of Marion Mitchel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.13th.1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	53	8	16	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Att'y At Law.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dont know
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.

FATHER
13. NAME Lock Mitchel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

MOTHER
15. MAIDEN NAME Elizabeth Mc Girk.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT ~~Wm~~.Z.J.Mitchel.
(ADDRESS) St.Louis.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton.Mo. DATE Oct.1st 1935.

19. UNDERTAKER Herndon-Taylor Furn-Co.
(ADDRESS) Fulton.Mo.

20. FILED Oct. 1, 1935 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep't29th 1935.

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at about 7.P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Automobile & Bicycle accident
Corners jury verdict was
un-avoidable accident , 1/4 mile
South of Fulton on Mokane road.

Other contributory causes of importance:

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~~? 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 Fractured skull broken arm
Nature of injury and both legs broken.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Holman, Coroner
(Address) Fulton, Mo.

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1. PLACE OF DEATH

County Callaway — Registration District No. 104 — File No.

Township — Primary Registration District No. 3008 — Registered No.

City Fulton (No. , St. Ward)

2. FULL NAME Irvin Grissom 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/13 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	~~57~~	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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 Z. J. Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Elizabeth Mc Girk

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

17. INFORMANT (ADDRESS) Mrs. Mitchell Fulton Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL Oxford Miss
PLACE Mississippi DATE June 14 1937

19. UNDERTAKER (ADDRESS) Herndon Taylor Fulton, Mo.

20. FILED June 14 1937 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 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:

Exhumed Body

Date of onset

Other contributory causes of importance:

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? 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) , M. D.

(Address)

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