

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.

1. PLACE OF DEATH

County.....

Township.....

City St. Louis, Mo. (No. City Hospital No. 2)

Registration District No. 791

Primary Registration District No. 1003

File No. 3911

Registered No. 948

St. Ward)

2. FULL NAME Isabella Mitchell

(a) Residence, No. 1816a Delmar St. 21 Ward. 1

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1904

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

32	9	7	
----	---	---	--

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262

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) Louisiana 2

13. NAME Jim Lee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT Ruby Pardeau (ADDRESS) 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis 4 DATE 1-19-37

19. UNDERTAKER W. Richter (ADDRESS) 3500 Rutger St

20. FILED JAN 21 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-5-37 to 1-11-37

I last saw h. e. r. alive on 1-11-37, 19..... Death is said to have occurred on the date stated above, at 4:42 P. M.

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

Pellagra Date of onset 1-5-37

Other contributory causes of importance:

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?..... 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) A. L. Lewis, M. D. (Address) 2945 Lawton Ave.

