

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County *New Madrid*
Township
City *New Madrid* (No. *1*)

Registration District No. *604*
Primary Registration District No. *5802*
4358

File No. *20770*
Registered No. _____
St. _____ Ward _____

2. FULL NAME *Richard Mitchell*

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Deedl Mitchell</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>about 1874</i>		
7. AGE YEARS <i>about 63</i>	MONTHS	DAYS
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	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) <i>New Madrid Mo</i>		
MOTHER FATHER	13. NAME <i>Rich Mitchell</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unk</i>	
	15. MAIDEN NAME <i>Unk</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unk</i>	
17. INFORMANT <i>John Mitchell</i> (ADDRESS) <i>New Madrid, Mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New Madrid, Mo</i> DATE <i>May 20 1937</i>		
19. UNDERTAKER <i>Richards Undert.</i> (ADDRESS) <i>New Madrid, Mo</i>		
20. FILED <i>5/21 1937</i> <i>W. S. Zimmerman</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18 1937*

22. I HEREBY CERTIFY, That I attended deceased from *April 2 1937*, to *May 18 1937*.
I last saw him alive on *May 15 1937*. Death is said to have occurred on the date stated above, at *5:00* p. m.
The principal cause of death and related causes of importance were as follows:
Cordae failure from Mitral Valve Lesion
Date of onset _____

Other contributory causes of importance: *None*

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? *Yes*
If so, specify _____
(Signed) *W. S. Zimmerman* M. D.
(Address) *New Madrid, Mo*

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.

