

REC'D APR 23 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399Township LawPrimary Registration District No. 1002City Kansas City(No. 1334 - No Topping)File No. 9690Registered No. 1155

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Elizabeth Jane Mitchell Whitehead(a) Residence No. 1334 - No Topping St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs 3 mos. 3 ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Mitchell6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 - 1889

## 7. AGE

48 YEARSMONTHS 4DAYS 21

If LESS than 1 day, ..... hrs. or ..... min.

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

## 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) Kansas13. NAME Robert Henderson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas15. MAIDEN NAME Ester Berger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas17. INFORMANT (ADDRESS) Garnet Mitchell Mitchell18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE March 15, 193819. UNDERTAKER SHEIL FUNERAL HOME(ADDRESS) 6606 INDEPENDENCE AVE.20. FILED March 14, 1938M. M. Browne  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 193822. I HEREBY CERTIFY, That I attended deceased from Feb 20 - 25, March 13, 1938I last saw him alive on March 13, 1938 Death is saidto have occurred on the date stated above at 7:15 p.m.

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

Aortic incompetency - short

## Other contributory causes of importance:

arterio-sclerotic hypertensionName of operation clinicalDate of 7/10What 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 No, 1938Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoNature of injury No24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) O. W. Martin(Address) 6800 Howard Kansas City, 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.



MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Jackson ss.

State File No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1155

On this 3rd day of Feb, 1941, before me appears \_\_\_\_\_

Wm E. Mitchell, who, upon his oath, states that the original record of <sup>birth</sup>~~death~~  
for Elizabeth Mitchell, <sup>died</sup>~~born~~ Mar 13, 1938, in the State of  
Missouri, and which was filed at Mo on 3-14, 1938 should be corrected as follows:

Item No. 2 should read Elizabeth Jane Mitchell  
Instead of \_\_\_\_\_ Mitchell

Item No. 5A should read Wm E Mitchell  
Instead of \_\_\_\_\_ Mitchell

Item No. 17 should read Ernest Mitchell  
Instead of \_\_\_\_\_ Mitchell

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_ The Informant -

Item No. \_\_\_\_\_ should read Ernest Mitchell  
Instead of \_\_\_\_\_ Deceased Dec 13, 1840

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William E Mitchell Son  
Relationship.

5808 Norledge  
Present Address.

Subscribed and sworn to before me this 3rd day of Feb, 1941

My Commission expires Sept 27, 1943 Margaret M. Crowe Notary Public

