

SEP 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Clay
Township Jefferson
City Jefferson (No.)

Registration District No. 11
Primary Registration District No. 5283

File No. 28623
Registered No. St. Ward

2. FULL NAME

Laborn B. Mitchell

(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 M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Goldie Perry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1915
7. AGE YEARS 23 MONTHS — DAYS 19 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. Worker
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) St. Madison Mo.

13. NAME John Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dora Mo.

15. MAIDEN NAME Belia Cooper

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

17. INFORMANT (ADDRESS) John Wigdon Wayland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chamberburg DATE Aug 31 1938

19. UNDERTAKER (ADDRESS) Fred Kable Ruffalo Mo.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1938

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 after 1230 PM. The principal cause of death and related causes of importance were as follows:

Accidental Death
Gun Shot
Date of onset 134

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, , or ? 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. F. Ribo, Curator
(Address) Alexander Mo

RECEIVED.

District Health Officer No. 10

District File Number 10-38-140

Date Filed 9-15-38

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

28623
Do not use this space.

1. PLACE OF DEATH

(a) County Charle Registration District No. 192
 (b) Township Jefferson Primary Registration District No. 2273 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Laborn O Mitchell
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1915

7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
23 - 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. A. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) St. Madison Iowa

13. NAME John Mitchell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Celine Cooper

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

17. INFORMANT (ADDRESS) John Wray
Wayland info

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherokee Burial DATE Aug 31 1938

19. FUNERAL DIRECTOR (ADDRESS) Wesley F. Marble
Wahyuka Mo

20. FILED Aug. 30 1938 J. L. McConnell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 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:

accidental death
gun shot
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) S. A. H. Rebo Carroll
(Address) Alexandria

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THIS DATE

1938

S-28623