

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

42882
Do not use this space.

1. PLACE OF DEATH Liberty Mo 25 1938

(a) County Wilder Registration District No. 236
 (b) Township Rocky Point Primary Registration District No. 5321
 (c) City Liberty, Mo. (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 James Preston Mitchell

(a) Residence, No. 324 Wade Co. Mo. St. (If nonresident, give city or town and State)

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 Lillie Davis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-20-1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>37</u>	<u>8</u>	<u>14</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Nov-10-1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wade County, Missouri

FATHER 13. NAME Preston Mitchell

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

MOTHER 15. MAIDEN NAME Mary Mollie Rieck

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

17. INFORMANT Lillie D Mitchell
(ADDRESS) Edveston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 12/5 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edison Funeral Home
Ark Grove Mo

20. FILED 12-9 1938 Mrs A. R. Slapp
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-4-1938

22. I HEREBY CERTIFY, That I attended deceased from Nov-25 1938 to Dec 3rd 1938
 I last saw him alive on Dec 3rd 1938. Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia acute
Lobar bilateral
 Date of onset _____

Other contributory causes of importance: 11/8

Name of operation none 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. _____

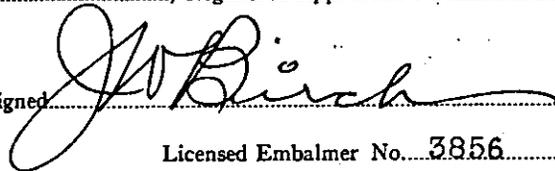
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Charles H. McHaffie, M. D.
 (Address) Ark Grove 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed .....

Licensed Embalmer No. 3856.....

P. O. Address Ash Grove, Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.