

REC'D FEB 6 1939

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

1570  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73  
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 4  
 (c) City Columbia (d) Street No. Boone County Hospital 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 324 ADDIE HENSLEY MITCHELL

(a) Residence, No. Oak Hill Manor 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Mitchell  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-20-1858  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
80 6 14  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Columbia (STATE OR COUNTRY) Missouri

FATHER 13. NAME Clifton Hensley 1  
 14. BIRTHPLACE (CITY OR TOWN) Virginia 1 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Adeline Barger  
 16. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Miss Mary S. Mitchell  
Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem DATE 1-6-1939

19. FUNERAL DIRECTOR (ADDRESS) Parkers  
Columbia, Mo.

20. FILED 1/6/1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4-1939  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1938, to Jan 4th 1939.  
 I last saw her alive on Jan 4th 1939. Death is said to have occurred on the date stated above, at 8:00 m.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset 10/5  
 Other contributory causes of importance: Secularity

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? no  
 If so, specify \_\_\_\_\_ (Signed) John Smith M. D.  
 \_\_\_\_\_ (Address) Columbia 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, W. D. Whitbread, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. D. Whitbread

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed W. D. Whitbread

Licensed Embalmer No. 3893

**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.)**