

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
CERTIFICATE OF DEATH

6450
Do not use this space.

REC'D MAR 10 1939

1. PLACE OF DEATH

(a) County Franklin Registration District No. 296
 (b) Township Union Primary Registration District No. 4180 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mo. ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME Mable V. Mitchell

(a) Residence, No. Union, Mo. 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 Otis Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 7 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Showworker
 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) (STATE OR COUNTRY) Maries County

FATHER 13. NAME Manure Copeland

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries County

MOTHER 15. MAIDEN NAME Eunice Breeden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries County

17. INFORMANT (ADDRESS) Eunice Smith
Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE 2/18/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Union Funeral Home
Union, Mo. (Wm. Horn)

20. FILED 2/22, 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1938, to 2/15, 1939
 I last saw her alive on 2/15, 1939. Death is said to have occurred on the date stated above, at 2:55 P. M.
 The principal cause of death and related causes of importance were as follows:

Advanced Pulmonary Tuberculosis
73
20

Date of onset
1938
290

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum 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? _____
 If so, specify _____
 (Signed) Michael J. Griffith, M. D.
 (Address) Union, Mo.

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..... *Wm. H. Horn*

Licensed Embalmer No. *3175*

P. O. Address *Union, Mo*

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

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