

JUL 19 1939

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

Do not use this space.

23152

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City East River (No. ....)

Registration District No. 174  
Primary Registration District No. 601813

File No. ....  
Registered No. 880  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 3 J. Z. Mitchell  
(Usual place of abode) Farmington Mo R St Ward. ....  
(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 Carrie Mitchell  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/16/1858  
7. AGE YEARS 80 MONTHS 7 DAYS 15 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) 6-1-39 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Joseph Mitchell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mariam Vansickle  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Carrie Mitchell  
(ADDRESS) Farmington Mo R St

18. BURIAL, CREMATION, OR REMOVAL at night  
DATE 6-3-39

19. UNDERTAKER Baldwell Bros  
(ADDRESS) East River

20. FILED 7/2 1939 O B Harris

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1 1939

22. I HEREBY CERTIFY That I attended deceased from 5/5/39 to June 1 1939  
I last saw him alive on 5/6/39 1939 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:

Several Arteriosclerosis  
Date of onset  
Other contributory causes of importance: 97

Name of operation Clinical 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) R. Appberry, M. D.  
(Address) Farmington 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

23152  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 774  
 (b) Township St. Francois Primary Registration District No. 6018B Registered No. 880  
 (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 John Lawrence 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 m (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 7 15  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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)  
 FATHER 13. NAME  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 MOTHER 15. MAIDEN NAME  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
 17. INFORMANT (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19  
 19. FUNERAL DIRECTOR (ADDRESS)  
 20. FILED 7/2 1939 B. B. Burruss Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from  
 I last saw him alive ..... 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:  
 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) R. Appleberry, M. D.  
 (Address) Hamington

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

