

REC'D OCT 10 1939

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

31843
Do not use this space.

1. PLACE OF DEATH Boone
 (a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006
 (c) City Columbia (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 SAMUEL MITCHEL
 (a) Residence, No. HOPPERS FLATS 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Mitchel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-1878
 7. AGE YEARS 60 MONTHS 5 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor
 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) Rockport (STATE OR COUNTRY) Missouri
 FATHER 13. NAME David Mitchel
 14. BIRTHPLACE (CITY OR TOWN) Rockport (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Clara Jones
 16. BIRTHPLACE (CITY OR TOWN) Howard County (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Minerva Wright
Columbia Missouri
 18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cemetery DATE 9-25-1939
 19. FUNERAL DIRECTOR (NAME) Wm. R. Paulsen (ADDRESS) Columbia Missouri
 20. FILED 9/25/39 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1939
 22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1939 to Sept 23 1939
 I last saw him alive on Sept 23 1939. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Haemophilia due to cerebral haemorrhage
 Date of onset 4-10-37
 Other contributory causes of importance: Arteriosclerosis
 Name of operation none 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) AWK Campbell 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed

Steven P. Parker

Licensed Embalmer No.

2900

P. O. Address

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.