

AUG 25 1941

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

Do not use this space.

25571

1. PLACE OF DEATH

County Marion Registration District No. 641
Township Jefferson Primary Registration District No. 3737
City (No. _____) _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Drusey Catherine Mitchem

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 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 William Mitchem

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1861.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>10</u>	<u>7</u>	

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

9. Industry or business in which work was done, as silk mill, 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) Marion County
(STATE OR COUNTRY) Mo.

13. NAME Daniel Crider

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

15. MAIDEN NAME Sarah Atkins

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

17. INFORMANT C. R. Mitchem
(ADDRESS) Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Cem. DATE July 15, 1941

19. UNDERTAKER S. G. Licklider
(ADDRESS) Belle, Mo.

20. FILED Aug 11 1941 W. H. Johnson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1940, to July 13, 1941

I last saw him alive on July 13, 1941. Death is said

to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Nephritis (chronic)

Date of onset

1940

Other contributory causes of importance:

Influenza (intermittent)

Date of onset

7/10/41

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) Dr. R. H. Johnson

(Address) Belle, 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.

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, regarding
 the land parcels described herein. The information is being
 furnished to you for your information and use. It is not to be
 construed as a guarantee of the accuracy of the information
 furnished, nor is it to be construed as a representation of
 the Department of the Interior, Bureau of Land Management, or
 the United States Government.

The land parcels described herein are located in the
 County of [County Name], State of [State Name]. The parcels
 are described as follows:

Parcel 1: [Parcel Description]
 Parcel 2: [Parcel Description]
 Parcel 3: [Parcel Description]
 Parcel 4: [Parcel Description]
 Parcel 5: [Parcel Description]
 Parcel 6: [Parcel Description]
 Parcel 7: [Parcel Description]
 Parcel 8: [Parcel Description]
 Parcel 9: [Parcel Description]
 Parcel 10: [Parcel Description]
 Parcel 11: [Parcel Description]
 Parcel 12: [Parcel Description]
 Parcel 13: [Parcel Description]
 Parcel 14: [Parcel Description]
 Parcel 15: [Parcel Description]
 Parcel 16: [Parcel Description]
 Parcel 17: [Parcel Description]
 Parcel 18: [Parcel Description]
 Parcel 19: [Parcel Description]
 Parcel 20: [Parcel Description]
 Parcel 21: [Parcel Description]
 Parcel 22: [Parcel Description]
 Parcel 23: [Parcel Description]
 Parcel 24: [Parcel Description]
 Parcel 25: [Parcel Description]
 Parcel 26: [Parcel Description]
 Parcel 27: [Parcel Description]
 Parcel 28: [Parcel Description]
 Parcel 29: [Parcel Description]
 Parcel 30: [Parcel Description]
 Parcel 31: [Parcel Description]
 Parcel 32: [Parcel Description]
 Parcel 33: [Parcel Description]
 Parcel 34: [Parcel Description]
 Parcel 35: [Parcel Description]
 Parcel 36: [Parcel Description]
 Parcel 37: [Parcel Description]
 Parcel 38: [Parcel Description]
 Parcel 39: [Parcel Description]
 Parcel 40: [Parcel Description]
 Parcel 41: [Parcel Description]
 Parcel 42: [Parcel Description]
 Parcel 43: [Parcel Description]
 Parcel 44: [Parcel Description]
 Parcel 45: [Parcel Description]
 Parcel 46: [Parcel Description]
 Parcel 47: [Parcel Description]
 Parcel 48: [Parcel Description]
 Parcel 49: [Parcel Description]
 Parcel 50: [Parcel Description]
 Parcel 51: [Parcel Description]
 Parcel 52: [Parcel Description]
 Parcel 53: [Parcel Description]
 Parcel 54: [Parcel Description]
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 Parcel 80: [Parcel Description]
 Parcel 81: [Parcel Description]
 Parcel 82: [Parcel Description]
 Parcel 83: [Parcel Description]
 Parcel 84: [Parcel Description]
 Parcel 85: [Parcel Description]
 Parcel 86: [Parcel Description]
 Parcel 87: [Parcel Description]
 Parcel 88: [Parcel Description]
 Parcel 89: [Parcel Description]
 Parcel 90: [Parcel Description]
 Parcel 91: [Parcel Description]
 Parcel 92: [Parcel Description]
 Parcel 93: [Parcel Description]
 Parcel 94: [Parcel Description]
 Parcel 95: [Parcel Description]
 Parcel 96: [Parcel Description]
 Parcel 97: [Parcel Description]
 Parcel 98: [Parcel Description]
 Parcel 99: [Parcel Description]
 Parcel 100: [Parcel Description]

STANDARD CERTIFICATE OF DEATH

State File No. 255 71

Registration District No. 541

Primary Registration District No. 5737

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Jefferson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion
(c) City or town Belle
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Drusey C. Mitchem

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Sept 17 1941 (b) Wm Lenoir Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

SUPPLEMENTARY

S-25571