

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

Do not use this space.

7310

1. PLACE OF DEATH

County Madison
Township Crooked River
City Richmond, Mo. (No.)

Registration District No. 740
Primary Registration District No. 3315

File No. 2
Registered No.
St. Ward

2. FULL NAME

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

Length of residence in city or town where death occurred 63 yrs. 11 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1873
7. AGE YEARS 62 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Keeper
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) Indiana

13. NAME William Mitchell

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

15. MAIDEN NAME Mary Dougherty

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

17. INFORMANT J. W. Mitchell (ADDRESS) Richmond R.R. 41

18. BURIAL, CREMATION, OR REMOVAL PLACE Heekery Grove DATE Feb. 26, 1935

19. UNDERTAKER Geo. W. Kischchild (ADDRESS) Hardin, Mo.

20. FILED Feb. 26, 1935 W. L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1936 to Feb. 24, 1936
I last saw her alive on Feb. 24, 1936 Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis (Pulmonary) Date of onset June, 1934

Other contributory causes of importance Hypostatic pneumonia

Name of operation Chimed Date of
What test confirmed diagnosis? Chimed 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) A. E. G. Rerum (Address) Richmond, 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.

