

MAR

3/1933

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2859

1. PLACE OF DEATH

89 County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 59768
 City Henrietta R.F.D. (No.) St. Mo. Ward 11

2. FULL NAME Richard Mitchell

(a) Residence. No. St. Ward
 (Usual place of abode)
 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR Married
 (If divorced, give date and the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Rebecca Mitchell
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 0 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or Farmer
 particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer) -----

(c) Name of employer -----

9. BIRTHPLACE (CITY OR TOWN) Missouri.
 (STATE OR COUNTRY)

10. NAME OF FATHER Geo. J. Mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Menerva Tucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Ray Slaughter
 (Address) Richmond Mo.

15. FILED 27333 19 33 E. E. Lay REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/30/33 19 33

17. HEREBY CERTIFY, That I attended deceased from Jan 6 to Jan 23 19 33
 that I last saw him alive on Jan 30 19 33 and that death occurred, on the date stated above, at 7:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pulmonary Tuberculosis

(duration) 35 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis
 (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH NO

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. G. Smith M. D.

, 19 33 (Address) Henrietta, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

South Point Cem.
Orick Mo.

DATE OF BURIAL

2/1/33 19 33

20. UNDERTAKER

C. M. Jones

ADDRESS

Orick 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.

