

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

Do not use this space.

38155

1. PLACE OF DEATH

County Ray
Township Richmond
City Henrietta (No. 9110)

Registration District No. 744
Primary Registration District No. 5976B

File No. _____
Registered No. 102
St. _____ Ward _____

2. FULL NAME

Thomas Wyatt Mitchell
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15-1864

7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min.
64 11 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farming
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Antioch
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Thomas Mitchell

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

12. MAIDEN NAME OF MOTHER Ruth Hydon

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

14. INFORMANT Gizz Mitchell
(Address) Henrietta, Mo

FILED Nov 24-1929 E. E. Gray REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23- 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/23rd 1929, 19 to 11/23rd 1929, 19, that I last saw him alive on 11/23rd 1929, 19, and that death occurred, on the date stated above, at 10-30- P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

CONTRIBUTORY (SECONDARY) Unknown

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Heart Pain in Heart
Hears Dr. G. W. Smith M.D.
(Signed) _____

. 19 (Address) Henrietta, Missouri

*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 DATE OF BURIAL

Christian Cemetery Nov 25- 1929
20. UNDERTAKER E. H. H. H. H. ADDRESS Richmond
7110

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

