SEP 28

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

Do not use this space.

27100

1. PLACE OF DEATH

89

County _Ray_

Township _Richmond_

City _No_

Registration District No. _744_

Primary Registration District No. _5976_

File No. _____

Registered No. _64_

St. _____ Ward)

2. FULL NAME _John G. 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	MEDICAL CERTIFICATE OF DEATH

3. SEX _Male_

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _March 14 1865_

7. AGE YEARS _67_ MONTHS _5_ DAYS _5_ If LESS than 1 day, _____ hrs. or _____ min.

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

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) (STATE OR COUNTRY) _Indiana_

13. NAME _William Mitchell_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Ind._

15. MAIDEN NAME _Mary Daugherty_

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

17. INFORMANT (ADDRESS) _Hugh Mitchell Richmond Mo._

18. BURIAL, CREMATION, OR REMOVAL PLACE _Fickery Grove Cem._ DATE _8-21_ 19_32_

19. UNDERTAKER (ADDRESS) _G W Maurer Richmond Mo._

20. FILED _Aug 29_ 19_32_ _E. S. ____ Registrar._

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Aug 19, 1932_

22. I HEREBY CERTIFY, That I attended deceased from _Aug 1, 1932_ to _Aug 19, 1932_

I last saw him alive on _Aug 19, 1932_ Death is said to have occurred on the date stated above, at _12_ m.

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

Carcinoma of Liver

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _Clinical_ 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? _____

If so, specify _____

(Signed) _G. E. Hay_ M. D.

(Address) _Richmond Mo_