

OCT 21 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Ray

Registration District No.

744

Township

City

Richmond

(No.

Primary Registration District No.

3035

File No.

35344

Registered No.

96

St.

Ward)

2. FULL NAME

Nannie L. 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

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

Frank L. Mitchell

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

Feb. 13 - 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

69

7

1

OCCUPATION

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

Seamstress

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)

Versailles

MOTHER FATHER

13. NAME

Penickton Coe.

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

Iowa

15. MAIDEN NAME

Elizabeth Partwood

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

Lexington

17. INFORMANT (ADDRESS)

Mrs. Elizabeth Stark

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE Sept. 16, 1936

19. UNDERTAKER (ADDRESS)

E. E. Ray

20. FILED

10-10, 1936 E. E. Ray

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept. 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 9, 1936, to Sept. 14, 1936

I last saw him alive on Sept. 14, 1936. Death is said

to have occurred on the date stated above, at 12:30 p.m.

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

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance

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

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)

E. E. Ray

M. D.

(Address)

Richmond Mo

