

**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 1 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)

(STATE OR COUNTRY)

Antioch

10. NAME OF FATHER

Thomas Mitchell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

West Knott

Kentucky

12. MAIDEN NAME OF MOTHER

Ruth Hydon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

West Knott

Kentucky

14. INFORMANT

(Address)

Gizz Mitchell
Henrietta, Mo

Nov 24-1929
FILED

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, 1929 to 11/23rd 1929, 1929, that I last saw him alive on 11/23rd 1929, 1929, 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.
Hearse (Signed) Dr. G. W. Smith M.D.

. 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
E. E. Gray
Richmond

Nov 25- 1929
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.

