

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

Do not use this space.

35503

1. PLACE OF DEATH

County St. Francois
Township
City Farmington (No. _____)

Registration District No. 773
Primary Registration District No. 4464

File No. _____
Registered No. 139
St. _____ Ward _____

2. FULL NAME

Mahala Catherine 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. 1 mos. 7 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 William W. Mitchell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28-1850

7. AGE YEARS 81 MONTHS 1 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Farmington Mo.

FATHER 13. NAME James Cunningham

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

MOTHER 15. MAIDEN NAME Mahala Thompson

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

17. INFORMANT H. P. Knowles
(ADDRESS) Flat River Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre DATE Oct. 26, 1931

19. UNDERTAKER Jos. Diemer
(ADDRESS) Flat River Mo.

20. FILED 10-26-1931 T. J. Robinson
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1931, to Oct 24, 1931.
I last saw h. alive on Oct 24, 1931. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
with Chronic Myocardial
94A Changes.
93C

Other contributory causes of importance: 94A
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 _____, 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? no
If so, specify _____
(Signed) T. J. Robinson, M. D.
(Address) 1 Farmington Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

NOV 28 1931

S. NO. 2.

