

1 PLACE OF DEATH

County Leicester City, N.Y.Vol. For South Central CityInc. Town 4thCity Leicester

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 870Primary Registration Dist. No. 2435File No. 1,765Registered No. 33

[If death occurred in a hospital or institution, give its name instead of street and number.]

2 FULL NAME John Mitchell (No. _____ St. _____ Ward _____)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OF RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH Oct 1892
(Month) (Day) (Year)7 AGE 33 yrs. 8 mos. 2 wks. 2 da. If LESS than 1 day... hrs. or... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Manager
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) England10 NAME OF FATHER Don't know11 BIRTHPLACE OF FATHER (State or country) England12 MAIDEN NAME OF MOTHER Don't know13 BIRTHPLACE OF MOTHER (State or country) Wisconsin

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs John Mitchell(Address) Leicester City, N.Y.15 June 5, 1912 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 1st, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from head not checked later
....., 191... to, 191...that I last saw her alive on on the morning of, 1912,
and that death occurred, on the date stated above, at 4 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis(Duration) 2 yrs. 0 mos. 0 da.Contributory Hereditary
(occasional)(Duration) 0 yrs. 0 mos. 0 da.(Signed) J. L. McDaniel, M. D.June 5, 1912 (Address) Leicester City, N.Y.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death 0 yrs. 0 mos. 0 da. State 0 yrs. 0 mos. 0 da.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Fairmount Cemetery June 2, 1912

20 UNDERTAKER ADDRESS

Marion Moore Central CityWRITE PLAINLY. WITH WRITING ONE-TENTH OF AN INCH. PHYSICIANS SHOULD STATE
B. B. Every item of information should be carefully verified. 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. See instructions on back of certificate.

cause of death - none