

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

2426

File No. _____

Registered No. 12

1. PLACE OF DEATH

County MuhlenbergVot. Pct. MercerInc. Town Central CityCity Central City, Ky. P. 7254Registration District No. 1087
Primary Registration District No. 2435

If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME George Mitchell(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE Col. 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Jan 5 19127. AGE 23 Years Months Days 16 If LESS than 1 day.....hrs. or.....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Ky.

FATHER

13. NAME Tom Mitchell14. BIRTHPLACE Mississippi

MOTHER

15. MAIDEN NAME Kattie Baylow16. BIRTHPLACE Ky.17. INFORMANT Clara Mitchell(Address) Central City, P. O. Box 4

18. BURIAL, CREMATION, OR REMOVAL

Place Lawrence Cemetery Date Jan 22 193519. UNDERTAKER Greenmill General Home(Address) Greenmill, Ky.20. FILED Jan 21 1935 W. L. Blandin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 21 193522. I HEREBY CERTIFY, That I attended deceased from 1-20-4 to 1-20-4, 1935I last saw him alive on 1-20-4, 1935, death is said to have occurred on the date stated above, at 2:00 p.m. The principal cause of death and related causes of importance in order of onset were as follows:Cerebral Compression Pneumonia Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation None 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 1-22-35
Where did injury occur? Publicly, Ky.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury Was down by motor
Nature of injury Cerebral24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) W. L. Blandin, M. D.(Address) Greenmill, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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 instruction on back of certificate.