

# NORTH CAROLINA, DEATH CERTIFICATES, 1909-1975

JOHN LEWIS GORE MITCHELL, SR.  
DEATH: JUNE 20, 1962

JUL 10 1962		NORTH CAROLINA STATE BOARD OF HEALTH OFFICE OF VITAL STATISTICS	
REGISTRATION DISTRICT NO. 32-95		REGISTRAR'S CERTIFICATE NO. 846	
1. PLACE OF DEATH a. COUNTY Durham		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE North Carolina b. COUNTY Durham	
b. TOWNSHIP Durham		c. CITY OR TOWN Durham	
c. LENGTH OF STAY (in 1a) 13 days		Is Place of Residence In City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> On a Farm? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. CITY OR TOWN Durham		Is Place of Death Within City Limits? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
e. FULL NAME OF (If not in hospital or institution, give street address or location) Duke Hospital		d. STREET ADDRESS or R. F. D. NO. 2528 Glendale Avenue	
3. NAME OF DECEASED (Type or Print) John Lewis Mitchell			4. DATE OF DEATH June 20, 1962
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-19-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dept. Store Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store Mgr.	9. AGE (In years last birthday) 77
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME W. B. Mitchell		14. MOTHER'S MAIDEN NAME Catherine Gore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		NAME OF <del>deceased</del> Wife: Minna S. Mitchell	
16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS Mrs. J. L. Mitchell, 2528 Glendale Ave. Durham, N.C.	
18. CAUSE OF DEATH—ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) and (c).			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Respiratory Failure <sup>(CNSH)</sup>			2 hrs
ANTECEDENT CAUSES—Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) Chronic lung disease			5 1/2 hrs
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 5272 ✓			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY MONTH, DAY, YEAR HOUR M. 6-7 19 62		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY OR TOWNSHIP COUNTY STATE	
21. I attended the deceased from 6-7 19 62, to 6-20 19 62, and last saw him alive on 6-20 19 62			
22a. SIGNATURE Charles W. Harris MD		22b. ADDRESS Duke Hospital Durham, N.C.	
22c. DATE SIGNED 6-21-62			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/25/1962	
23c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		23d. LOCATION (City, town, or county) (State) Chicago, Illinois	
24. DATE REC'D BY LOCAL JUN 25 1962		25. REGISTRAR'S SIGNATURE [Signature]	
26. FUNERAL DIRECTOR Inc. Howerton-Bryan Co., Durham, N. C.		ADDRESS	

JOHN LEWIS GORE MITCHELL 77 DIED OF RESPERITORY FAILURE DUE TO CHRONIC LUNG DISEASE; BURIAL OAKWOOD CEMETERY, CHICAGO, IL 6/25/1962

BIRTH DATE: 19 JUL 1884  
BIRTH PLACE: ILLINOIS, UNITED STATES  
DEATH DATE: 20 JUN 1962; AGE: 77  
DEATH LOCATION: DURHAM, NORTH CAROLINA  
SPOUSE'S NAME: MINNA S MITCHELL  
FATHER'S NAME: W B MITCHELL  
MOTHER'S NAME: CATHERINE GORE  
RESIDENCE: 2528 GLENDALE AVE; DURHAM, NORTH CAROLINA