

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

Do not use this space.

30682

**1. PLACE OF DEATH**

County Jasper  
Township Carthage  
City Carthage (No. \_\_\_\_\_)

Registration District No. 408  
Primary Registration District No. 3020

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Archie Lloyd Hartford

(a) Residence. No. Crane Hotel St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12 - 1889

7. AGE YEARS MONTHS DAYS IF LESS than I day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 6 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Jeweler  
(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) Pa

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

14. INFORMANT Wesley M. Bird (Address) Carthage Mo.

15. FILED Oct 3, 1927 L. B. Clinton REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1927

17. I HEREBY CERTIFY That I attended deceased from Oct 1 1927 to Oct 2 1927 that I last saw him alive on Oct 2 1927 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tetanus  
76  
76B (duration) \_\_\_\_\_ yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Morphinism (duration) \_\_\_\_\_ yrs. mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed) Albert B. Wheeler, D.O.  
, 19 (Address) Carthage, Mo.

\*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.

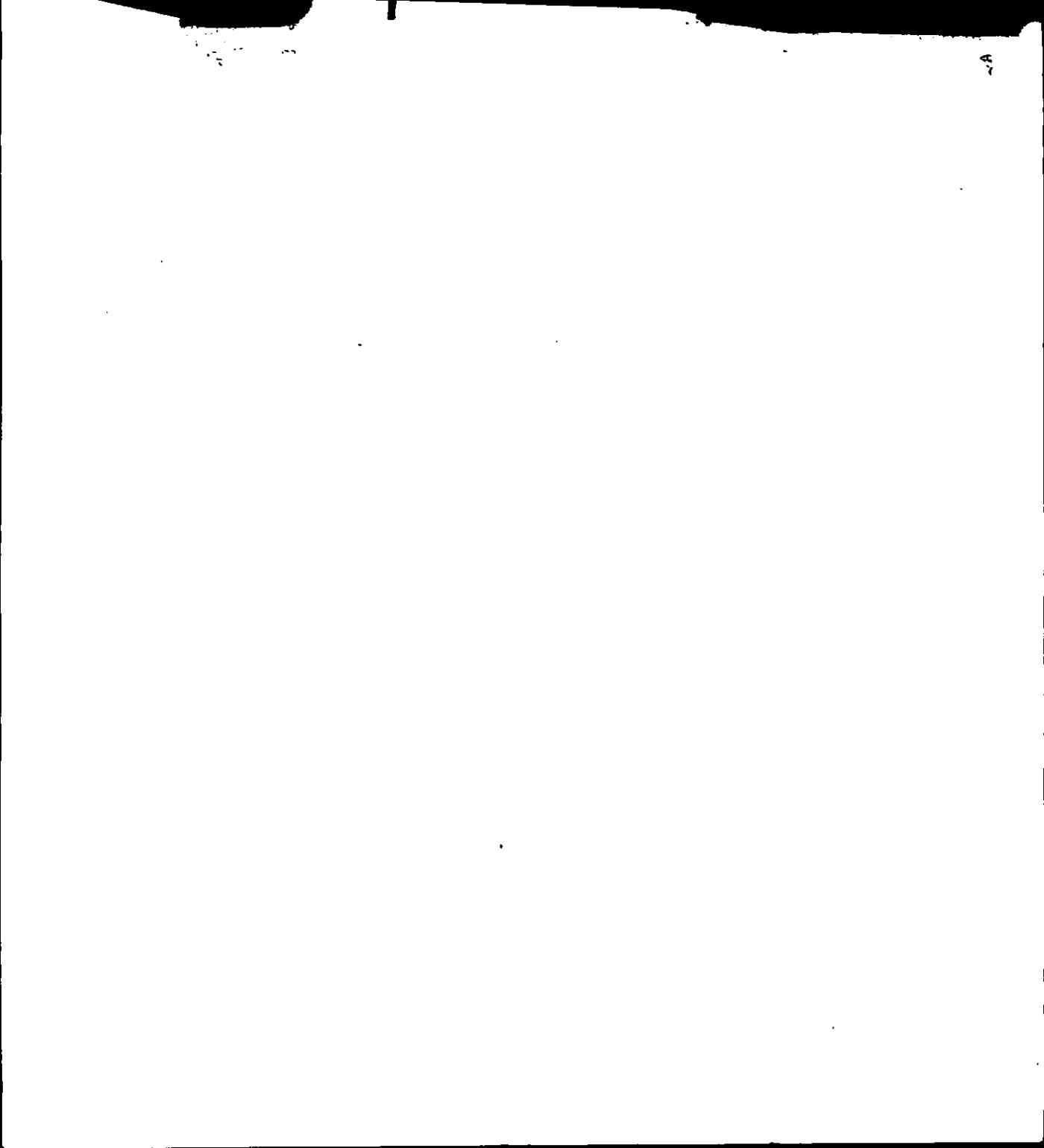
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Seattle, Wash. 10-3 1927

20. UNDERTAKER ADDRESS Ulmer - Brock Carthage

...ould 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.

28 1927



dated by check marks, lacking from the death certificate:

Name:

Archie Lloyd Hartford

Who died at:

Carthage, Mo. on Oct. 2, 1937,

Residence: No. \_\_\_\_\_

St. \_\_\_\_\_

(If nonresident, city or town)

Length of residence in city or

town where death occurred:

Transient

Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

few

Sex: male

Color or race: white

Single, married, widowed or divorced:

Unknown

Date of birth:

3/12/89

Age: Years 38

Months 6

Days 21

Occupation: (a) Trade

Jeweler

(b) Industry: \_\_\_\_\_

Birthplace (State or country)

Panna

Birthplace of father (State or country)

Unknown

Birthplace of mother (State or country)

Unknown

CAUSE OF DEATH:

Accidental Tetanus - probably

due to numerous incision hypodermics self

Contributory:

Morphinism -

Morphine habit

Where was disease contracted?

Unknown

Did operation precede death?

No

Date of \_\_\_\_\_

Was there an autopsy?

No

What test confirmed diagnosis?

Clinical

Name of physician:

Albert B. Wheeler

Address of physician:

Carthage, Mo

DEATH RECORD

N. B. - Every informant

S-30682