4 1928

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

Do not use this space. 6068-a

File No. 213
Registered No. 16

1. PLACE OF DEATH
County: Ripley
Township: Thomas
City: ... (No. ..., ... St. ... Ward)
Registration District No. 751
Primary Registration District No. 5990

2. FULL NAME: Arch Lee Fory

(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. ... mos. ... ds. How long in U.S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): divorced

5A. ~~If Married, Widowed, or Divorced~~ ~~HUSBAND OF (OR) WIFE OF~~ Minnie Martin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov [redacted] 19, 1895

7. AGE 32 YEARS | MONTHS 2 | DAYS 25 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer.
(b) General nature of industry, business, or establishment in which employed (or employer): ...
(c) Name of employer: ...

9. BIRTHPLACE (CITY OR TOWN) Doniphan
(STATE OR COUNTRY) Ripley Co. Mo.

PARENTS
10. NAME OF FATHER I. R. Fory
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rector
(STATE OR COUNTRY) Clay Co. Ark.
12. MAIDEN NAME OF MOTHER Lida Barnes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't Know
(STATE OR COUNTRY) Lincoln Co. Tenn.

14. INFORMANT T. R. Fory.
(Address) Naylor Mo.

15. FILED 4/30, 1928. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1928, to Feb 14, 1928, that I last saw him alive on Feb 12, 1928, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
(duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) [signature], M. D.
2/14, 1928 (Address) Naylor 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: Mizell Cem.
DATE OF BURIAL: 2/16 1928

20. UNDERTAKER: Mrs. M. Gish
ADDRESS: Naylor, Mo

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.