

DEC 27 1925

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

Do not use this space.

37265

1. PLACE OF DEATH

County Jasper  
Township Clinton  
City Joplin Mo (No. ....)

Registration District No. 411  
Primary Registration District No. 2002

File No. ....  
Registered No. 470  
St. .... Ward)

2. FULL NAME

(a) Residence. No. 2627 Joplin Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) mar

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Archer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 7 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Seaman  
(b) General nature of industry, business, or establishment in which employed (or employer) r  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Stephen Archer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Maranna Roger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Two Georgia Archer  
(Address) 2627 Joplin Mo

15. FILED 11-5, 19. 28 DeWanna Clark  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 4 1928

17. I HEREBY CERTIFY That I attended deceased from 11-4-28 11-4, 1928, to 11-4-1928, 1928, that I last saw h. .... alive on 11-4-1928 7:19 PM and that death occurred, on the date stated above, at 6:02 PM in Mo.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Asthma  
31 112  
23 PM (duration) yrs. .... mos. .... da.  
CONTRIBUTORY (SECONDARY) Perhaps S.B.  
(duration) yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, .....  
8 DID AN OPERATION PRECEDE DEATH, ..... DATE OF .....  
WAS THERE AN AUTOPSY, .....  
WHAT TEST CONFIRMED DIAGNOSIS, .....  
(Signed) R. Shumton, M. D.  
, 19 (Address) Joplin 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  
Forest Park Nov 6 1928

20. UNDERTAKER ADDRESS  
Frank Harris & Co Joplin Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

