

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

Do not use this space.

27874

1. PLACE OF DEATH

County Sacle
Township North
City Arcola (No.)

Registration District No. 240
Primary Registration District No. 5339

File No.
Registered No.
St. Ward

2. FULL NAME

Thaddens Achord

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Janis Achord
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19-1883
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
48 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

13. NAME Samuel Achord

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Susan Underwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Thaddeus L. Achord
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shannon Mo DATE Aug 2 1931

19. UNDERTAKER W. Ward
(ADDRESS) Shannon Mo

20. FILED 810 31 A. Higgins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1931

22. I HEREBY CERTIFY that I attended deceased from 27 Aug 1, 1931 to Aug 1, 1931.

I last saw him alive on Aug 1, 1931. Death is said to have occurred on the date stated above, at 7:20 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Stroke of paralytic
888
1180
020

Other contributory causes of importance:
Subjection for
sand time

Name of operation 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, 19...

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Higgins, M. D.
(Address) Shannon 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.

AUG 25 1931

WHITE PAPER, WITH UNFOLDING INK—THIS IS A PERMANENT RECORD

