

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

Do not use this space.

30428

1. PLACE OF DEATH *Adair*
 County..... Registration District No. *4*
 Township..... Primary Registration District No. *3001*
 City..... *Kingsville* (No. St. Ward) *Knop City Mo*

2. FULL NAME *Florence Fannie Archart*
 (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 *40 yrs. 3 mos. 4 ds.* How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*
 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 *Lesley Archart*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 4 - 1891*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 3 4

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 8 1931*

17. I HEREBY CERTIFY, That I attended deceased from *Sept 4* 19*31* to *Sept 8* 19*31*
 that I last saw her alive on *Sept 8* 19*31*, and that death occurred, on the date stated above, at *3:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicemia
36 (duration) yrs. mos. *20* ds.
 CONTRIBUTORY (SECONDARY) *36* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 1 DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *Sept 7 31*
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) *Wm W. Campbell* M. D.
 , 19 (Address) *Knop City 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.

9. BIRTHPLACE (CITY OR TOWN) *Hemank*
 (STATE OR COUNTRY) *Mo*

PARENTS

10. NAME OF FATHER *Charles C McDaniel*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *La Belle*
 (STATE OR COUNTRY) *Mo*

12. MAIDEN NAME OF MOTHER *Angie Davis*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Knoxles*
 (STATE OR COUNTRY) *Mo*

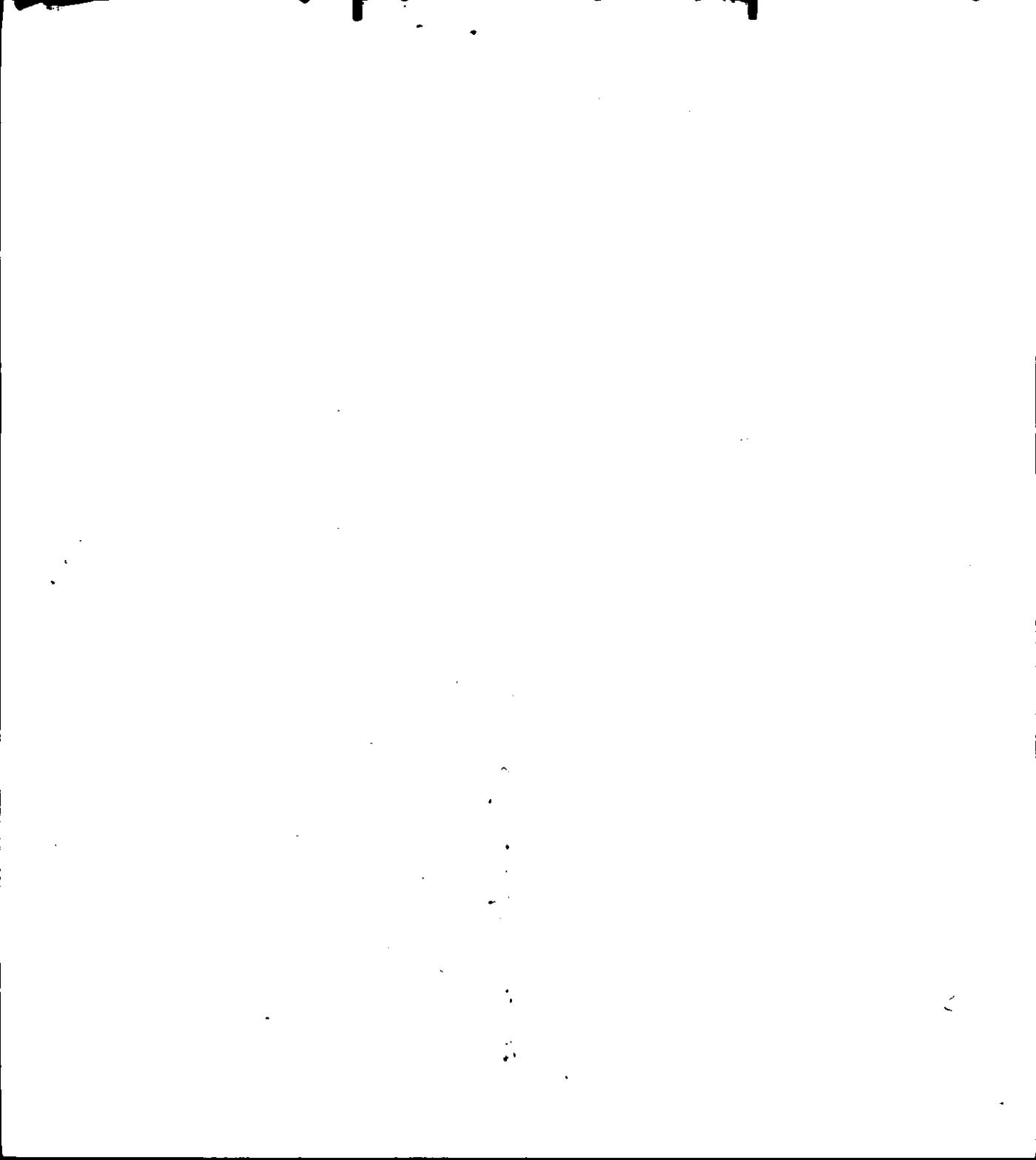
14. INFORMANT *O. J. Archart*
 (Address) *Knoxles Mo.*

15. FILED *9-10, 1931* *Mrs C. H. Becker*
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Hemank Mo*
 DATE OF BURIAL *Sept 10 1931*

20. UNDERTAKER *A. J. Seeger*
 ADDRESS *Knop City 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. OCT 22 1931



ticular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

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Name: Lorence Fannie Arhart

Who died at: Kirkville, Mo. on Sept 5, 1931,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: General Septicemia

Contributory: Non Puerperal

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

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