

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

Do not use this space.

38145

72.

**PLACE OF DEATH**

County Boyerette  
Township Washington  
City Boyerette

Registration District No. 461

Primary Registration District No. 3024

File No. 72.  
Registered No. 72.  
St. Boyerette Ward 1

2. FULL NAME Robert Lee Archer

(a) Residence, No. Boyerette St. Boyerette Ward 1  
(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. (If nonresident, give city or town and State)

**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) Oct 2 - 1914

7. AGE YEARS 17 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
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) Kansas City (STATE OR COUNTRY) Kansas

13. NAME Robert Archer

14. BIRTHPLACE (CITY OR TOWN) Liberty (STATE OR COUNTRY) Mo

15. MAIDEN NAME Inez Hulbert

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

17. INFORMANT Robert Archer (ADDRESS) Boyerette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City DATE Nov 26 1931

19. UNDERTAKER Ernest Fegert (ADDRESS) Boyerette, Mo.

20. FILED 30024 1931 11/26/31 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/22/31

22. I HEREBY CERTIFY, That I attended deceased from 11/22/31 to 11/22/31

I last saw him alive on 11/22/31 Death is said to have occurred on the date stated above, at 11/22/31 m.

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

Skull Fracture  
207 M

Other contributory causes of importance:

R.R. Accident

Name of operation None Date of 11/22/31  
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide? Accident Date of injury 11/22/31

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

Manner of injury Accident  
Nature of injury Skull Fracture

24. Was disease or injury in any way related to occupation or disease? If so, specify None

(Signed) Edmund G. Schuch M.D.  
(Address) Boyerette, Mo.  
Concordia, Mo.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Lafayette  
Township Lexington  
City Lexington (No. \_\_\_\_\_, St. \_\_\_\_\_, Ward \_\_\_\_\_)

Registration District No. 461  
Primary Registration District No. 3024

File No. 92  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Robert Lee Archer

(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 8 (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) \_\_\_\_\_

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 9. W. Fredendall Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 - 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Skull fracture Date of onset \_\_\_\_\_

Train left track

no automobile involved

Other contributory causes of importance:

R. B. Accident  
near Lexington Mo

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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

N. B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. If the usual place of abode is not the state, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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