

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.

FEB 23 1932

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

Do not use this space.

497

1. PLACE OF DEATH
 24 County Clay Registration District No. 198
 2 Township Excelsior Springs Primary Registration District No. 3011
 4 City Excelsior Springs (No. _____) St. _____ Ward _____
 2. FULL NAME Alexander W. Archer
 (a) Residence, No. 703 Summit 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 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 Callie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 6 12

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29
 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

FATHER
 13. NAME William Archer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Linda Collins
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Callie Archer
 (ADDRESS) Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE means DATE Jan 20, 1932

19. UNDERTAKER Herbert Hall
 (ADDRESS) Excelsior Springs Mo

20. FILED Jan 20, 1932 W. Craven
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1932 to Jan 19, 1932
 Last saw him alive on Jan 19, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Ruptured, Gas. Bladder Date of onset _____
associated with liver disease.
127A
125B
 Other contributory causes of importance: _____

Name of operation none Date of _____
 What test confirmed diagnosis? physiometry Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? No.
 If so, specify _____
 (Signed) A. M. Craven, M. D.
 (Address) Excelsior Springs Mo.

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

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

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Clay
Township Exc. Springs
City Exc. Springs (No.)

Registration District No. 198
Primary Registration District No. 2011

File No.
Registered No. 8
St. Ward)

2. FULL NAME

Alexander W. Archer

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(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.

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 2/5 19 32 Y. D. Croover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1939

22. I HEREBY CERTIFY, That I attended deceased from

to, 19.....
I last saw h..... 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:

ruptured Gall bladder associated with liver abscess.
Other contributory causes of importance: The chief symptom is our only evidence tried hard to get a post-mortem refused it.

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 None

Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

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

If so, specify.....

(Signed)....., M. D.

(Address).....

SUPPLEMENTARY

S-497