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

Do not use this space.

15935

1. PLACE OF DEATH

County: Harrison — Registration District No.: 340

Township: White Oak — Primary Registration District No.: 4203

City: New Hampton (No. ..., St. ..., Ward)

File No.:

Registered No.:

2. FULL NAME: Archable Hew Solomon

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

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.

JUN 22 1932

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: Fanie Solomon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1877 July 13

7. AGE: Years 54 | Months 10 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Produce Business
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 169
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): Harrison Co. Mo

FATHER

13. NAME: James L. Solomon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER

15. MAIDEN NAME: Nancy M. Ross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co. Mo

17. INFORMANT (ADDRESS): Mrs N. G. Gibson

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Foster DATE: May 3 1932

19. UNDERTAKER (ADDRESS): W. G. Noble, New Hampton Mo

20. FILED: May 3, 1932 J. G. Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to May 1, 1932

Last saw h~~e~~ alive on May 1, 1932. Death is said to have occurred on the date stated above, at 8 15 am.

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

	Date of onset
Embolism of Coronary artery	
9413	

Other contributory causes of importance:

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? No

If so, specify:

(Signed) C. F. Forbes, M. D.

(Address) New Hampton Mo