

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

Do not use this space.

28142

1. PLACE OF DEATH

97 County Saline Registration District No. 796
Township Marshall Primary Registration District No. 6039
City Blanchard (No. _____ St. _____ Ward _____)

2. FULL NAME Archie Joffinberger

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 | 2 | _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Refers
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) Hennington, Mo.

FATHER 13. NAME Archie Joffinberger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis, Mo.

MOTHER 15. MAIDEN NAME Margaret Ward

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hennington, Mo.

17. INFORMANT (ADDRESS) Andrew Joffinberger

18. BURIAL, CREMATION, OR REMOVAL PLACE Blanchard DATE Aug. 30, 1932

19. UNDERTAKER (ADDRESS) J. L. Sawyer

20. FILED 9-2, 1932 G. C. Putnam Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1932, to Aug 27, 1932
I last saw her alive on Aug 27, 1932. Death is said to have occurred on the date stated above, at 10 A.M.
The principal cause of death and related causes of importance were as follows:
Diarrhea

Other contributory causes of importance: 1192 119
(1)

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Arnold Wayne, M. D.
(Address) Marshall, 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.

SEP 27 1932

