

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

Do not use this space.

677

**1. PLACE OF DEATH**

County Clay  
Township Fishing River  
City Excelsior Springs, Mo.

Registration District No. 198  
Primary Registration District No. 3011  
U. S. Veterans Hospital

File No. ....  
Registered No. 18  
St. 3rd Ward

**2. FULL NAME**

ARCHER, Harry F. Muscataine, Iowa

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. 416 Walnut St.,  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2 1893</u>		
7. AGE YEARS <u>39</u>	MONTHS <u>2</u>	DAYS <u>22</u>
IF LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>laborer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>
	11. Total time (years) spent in this occupation <u>unknown</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME William Archer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Kate Dugan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Hospital Records, Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Muscataine Iowa DATE 1-25-33

19. UNDERTAKER John C. Prather (ADDRESS) Excelsior Springs

20. FILED Jan 25 1933 J. D. Craven Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1931 to Jan. 24 1933

I last saw h. im alive on Jan. 24 1933 Death is said to have occurred on the date stated above, at 5:33 pm

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

Chr. Pulmonary tuberculosis with cavitation

21317 25 23

Other contributory causes of importance:  
Tuberculous enteritis ulcerated

Name of operation none Date of .....  
What test confirmed diagnosis? exam & obs. Was there an autopsy? yes

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 unknown  
(Signed) Garrett V. Johnson, M. D.  
(Address) Excelsior Springs, 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.

