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

MAR 24 1934

Do not use this space.

1. PLACE OF DEATH

County *Pike* Registration District No. *683* File No. *6057*

Township *Ashley* Primary Registration District No. *5-911* Registered No. ....

City .... (No. ...., St. .... Ward)

2. FULL NAME *James S. 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 *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 *Mrs. Ella Archer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 26 1851*

7. AGE YEARS *82* MONTHS *5* DAYS *16* If LESS than 1 day, ... hrs. or ...... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*

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) *Lincoln Co. Mo.*

13. NAME *Rice Jackson Archer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

15. MAIDEN NAME *Martha Weeks*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT (ADDRESS) *Seyon Archer Ashley Mo.*

18. BURIAL, CREMATION, OR REMOVAL PL. *Auburn Cemetery* DATE *2-18-1934*

19. UNDERTAKER (ADDRESS) *Grace Bankhead Bowling Green, Mo.*

20. FILED *2/13 1934* *R. W. Hetherlin* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/12* 193*4*

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

I last saw h........ alive on ...., 19...... Death is said to have occurred on the date stated above, at *2.30 P.* m.

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

Old age

162

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) *T. W. Mathews* M.D.
(Address) *Bowling Green Mo.*