

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.

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

Do not use this space.

25182

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

1 PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

James Longo Archer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 26-1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

56

5

26

OCCUPATION

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

Housewife

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)

Jan 25-1934

11. Total time (years) spent in this occupation

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

Randolph Co Mo

FATHER MOTHER

13. NAME

Frank Specie

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

France

15. MAIDEN NAME

Anne Hook

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

Illinois

17. INFORMANT (ADDRESS)

J. L. Archer

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE July 25 1934

19. UNDERTAKER (ADDRESS)

J. H. Brimmer House Springs Mo

20. FILED

7/24 34 James A. Townsme Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22 July 1934

22. I HEREBY CERTIFY, That I attended deceased from

10:50 a.m., 1934, to 22 July 1934

I last saw him alive on 19 July 1934

Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Acute Myocarditis

Pulmonary Tuberculosis

Other contributory causes of importance:

23 P 93 C

Name of operation

None

Date of

What test confirmed diagnosis?

Final

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

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)

James A. Townsme, M. D.

(Address)

House Springs Mo

