

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.

OCT 24 1935

29383

1. PLACE OF DEATH

County West Plains Registration District No. 384
Township West Plains Primary Registration District No. 4227
City West Plains, Mo. St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. MT. Grove MO. 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. 7 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, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred O. Archer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22-1907
7. AGE YEARS 28 MONTHS 0 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) West Plains (STATE OR COUNTRY) Mo.

13. NAME Jas. M. Hard

14. BIRTHPLACE (CITY OR TOWN) West Plains (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ophelia Stucky

16. BIRTHPLACE (CITY OR TOWN) South Fork, Mo. (STATE OR COUNTRY) _____

17. INFORMANT J. M. Hard (ADDRESS) West Plains, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Grove DATE 9-22-35

19. UNDERTAKER Battery Funeral Home (ADDRESS) Mt. Grove, Mo.

20. FILED 9-25 1935 Vida H. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16th, 1935 to Sept. 23rd, 1935

I last saw him or her alive on Sept. 23rd, 1935 Death is said to have occurred on the date stated above, at 10:00 A.M.

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

Hepatic Engorgement, sub-acute, Date of onset _____

Other contributory causes of importance:

Valvular disease of heart with di-

latation right side of heart.

Name of operation None 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? no

_____, specify _____

(Signed) A. H. Thompson _____, M. D.

(Address) West Plains, Mo.

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