

JUN 23 1936

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

Do not use this space.

19769

1. PLACE OF DEATH

County Jasper Registration District No. 409
Township _____ Primary Registration District No. 3020
City Carthage (No. 419 , _____ River St. _____ Ward _____)

2. FULL NAME Arch Macklin

(a) Residence, No. 419 River St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Viola Macklin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16, 1885</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>4</u>	DAYS <u>3</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>Labour</u>	11. Total time (years) spent in this occupation
	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)	

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

13. NAME George Macklin

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

15. MAIDEN NAME Bettie Noel

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

17. INFORMANT Viola Macklin
(ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Hill DATE May 25, 1936

19. UNDERTAKER Ulmer Funeral Home
(ADDRESS) 1208 Garrison, Carthage

20. FILED May 25, 1936 S. B. Colston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1936, to May 19 - 76, 1936

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00am.

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

Acute dilatation of heart Date of onset _____

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? _____

If so, specify _____

(Signed) S. B. Colston, M. D.

(Address) _____

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.

The following is a list of the names of the members of the House of Commons who were present at the sitting of the House on the 14th day of February 1951. The names are arranged in alphabetical order of their surnames.

Mr. A. A. B. ...
 Mr. C. D. E. ...
 Mr. F. G. H. ...
 Mr. I. J. K. ...
 Mr. L. M. N. ...
 Mr. O. P. Q. ...
 Mr. R. S. T. ...
 Mr. U. V. W. ...
 Mr. X. Y. Z. ...

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Northway Primary Registration District No. 3020
City Argo (No.) St. Ward)

File No. 19769
Registered No.
St. Ward)

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>B</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Using the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 16 - 1885</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>4</u>	DAYS <u>3</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED Nov 5, 1936 E. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 19 - 1936

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..... m.

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

Acute Dilatation of Heart Date of onset

and acute myocarditis

Other contributory causes of importance:

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.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. B. Clinton M. D.

(Address) Carthage, Mo.

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.

PERMANENT

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