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

AUG 31 1936

Do not use this space.

29666

1. PLACE OF DEATH

County Warren — Registration District No. 881 — File No.

Township Elkhorn — Primary Registration District No. 6171 — Registered No. 25

City Truesdale (No. ..... St. ..... Ward)

2. FULL NAME Creed L. Archer

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Johanna Archer.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 23, 1851

7. AGE: YEARS 84. MONTHS 9 DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Rail
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Road Work Section Man
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): Near Truesdale Mo.

FATHER

13. NAME: Creed. Archer.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER

15. MAIDEN NAME: Taggard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known.

17. INFORMANT (ADDRESS): F. H. Archer, Kansas City Kas.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Archer family DATE: 7/16th 1936

19. UNDERTAKER (ADDRESS): F. A. Whiting, Warrenton Mo.

20. FILED: July 16, 1936 — A. V. Whiting, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to July 14, 1936

I last saw him alive on July 13, 1936. Death is said to have occurred on the date stated above at 9:30 A.m.

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

Insanity due to senility

Date of onset

Other contributory causes of importance:

Paralysis and senility

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) John H. Dyer, M. D.

(Address) Warrenton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH
County: Warren — Registration District No.: 881 — File No.:
Township: Elkhorn — Primary Registration District No.: 61 71 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: Creed L. 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

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

7. AGE — YEARS: 84 — MONTHS: 9 — DAYS: 21 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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 Sept 10 1936 A W Ehling Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw him 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:

Date of onset

Other contributory causes of importance: Paralysis and senility
Cerebral Hemorrhage

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, at 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) John H. Dyer, M. D.
(Address) Warrenton Mo

SUPPLEMENTARY

29666