

OCT 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County BerounRegistration District No. 880Township HolbenPrimary Registration District No. 6165

City (No.) St. Ward

File No. 36491Registered No. 21

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St.

Ward. Archie Mo

(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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFBessie Black

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

March 6 - 1886

7. AGE

YEARS
80MONTHS
6DAYS
19If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as planer,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Retired Farmer10. 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)Indiana

13. NAME

William Black14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Arkansas

15. MAIDEN NAME

Hubberson16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Arkansas17. INFORMANT
(ADDRESS)John B. Lebbart
Archie Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Archie Mo

DATE

Sept 27, 193619. UNDERTAKER
(ADDRESS)Ferry Funeral Home
Nevada, Mo.20. FILED 9/21 1936C. B. Davis

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept 25, 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 1:30 p. m.

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

Date of onset

Auto accident
on Highway 54 east of
Nevada, Mo.
chest broken, chest crushed

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? Accident Date of injury Sept 25, 1936Where did injury occur? Highway 54 east of Nevada, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public HighwayNature of injury High Speed Car24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) F. B. Taylor(Address) Nevada MoArchie 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.

