C. T. Reid.

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

Do not use this space.

1886

FEB 17 1937

1. PLACE OF DEATH

County: Jasper — Registration District No.: 41

Township: — Primary Registration District No.: 2002 — Registered No.:

City: Joplin (No. Freeman Hospital St. Ward) — File No.:

2. FULL NAME: Philip Samuel Archer

(a) Residence, No. 819 Wall St. Galena Ward. (If nonresident, give city or town and State) Galena - Kan.
(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: Mrs Ruth Archer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-13-1907

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
29	7	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Eagle-Picher

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galena Kansas

FATHER

13. NAME: Charles Archer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Galena Kan.

MOTHER

15. MAIDEN NAME: Lilly Hanson Archer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Trenton, Mo.

17. INFORMANT (ADDRESS): Mrs Ruth Archer Galena - Kan.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE: Galena, Kan DATE: Mon 2/1/37, 19

19. UNDERTAKER (ADDRESS): Boice undertaker Galena Kan

20. FILED 2-2, 1937 Ed D Jones, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/30, 1937

22. I HEREBY CERTIFY That I attended deceased from Jany 29, 1937, to Jany 30, 1937 I last saw him alive on Jany 30, 1937. Death is said to have occurred on the date stated above, at 9 a.m.

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

Strangulation from swelling in neck & throat. Trauma of larynx & epiglottis

Date of onset

Other contributory causes of importance:

Died while undergoing tracheotomy

Name of operation: tracheotomy Date: Jan 30-37

What test confirmed diagnosis: Phys. Exam. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident 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

If so, specify

(Signed) Chas V Reid, M. D.

(Address) Joplin Mo

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.