

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

Do not use this space.

DEC 17 1934

39200

1. PLACE OF DEATH

County Henry Co.
Township _____
City Windsor Mo. (No. _____) St. _____ Ward _____

Registration District No. 14
Primary Registration District No. 1211

File No. _____
Registered No. 22

2. FULL NAME

James Charles 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 Miss J. C. Archer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1858

7. AGE YEARS 76 MONTHS 5 DAYS 3 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Warren Co. Missouri (STATE OR COUNTRY)

FATHER 13. NAME John Archer

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Miss J. C. Archer (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor Mo. DATE Nov 27 1934

19. UNDERTAKER C. A. ... (ADDRESS)

20. FILED Nov 26 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Nov 24 1934. I last saw him alive on Nov 24 1934. Death is said to have occurred on the date stated above, at 4a.m.

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

Mitral
Incompetence
High Blood Pressure
Date of onset _____

Other contributory causes of importance: _____

Name of operation pericardectomy Date of _____ 1935

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 _____, 1934

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) T. F. Moffet M. D.

(Address) Windsor 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.

