

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.

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

Do not use this space.

15440

1. PLACE OF DEATH

County Buchanan
Township Washington
City STOCKPORT,

Registration District No. 86
Primary Registration District No. 5127
(No. Industrial City.)

File No. _____
Registered No. 49
St. _____ Ward _____

2. FULL NAME

John Archdekin

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Elma Archdekin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 24, 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>84</u>	<u>23</u>	<u>0</u>	<u>0</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer (Retired 10 yrs.)
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Canada.

10. NAME OF FATHER Robert Archdekin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Canada.

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Canada.

14. INFORMANT Ray Archdekin
(Address) Industrial City, Mo.

15. May 25 1930 J. J. Bunchel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May, 24, 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from 5/22, 1930, to 5/24, 1930, that I last saw him alive on 5/23, 1930, and that death occurred, on the date stated above, at 3.51 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia - Bronchial
107A
97

(duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis

(duration) 10 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. D. Gummig, M. D.

5/24/1930 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fairview Cemetery DATE OF BURIAL May, 26, 19 30

20. UNDERTAKER Walter Meierhoffer ADDRESS 1302 Faraon St.

