

N. E. - 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.

FILED JUN 17 1940

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

18113
 Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 135

(b) Township Sugar Tree Primary Registration District No. 5191

(c) City _____ (d) Street No. _____ Registered No. 61

(e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) -How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Archibald

(a) Residence, No. Norborne, R. R. 1 Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 6, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>2</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) just 3.5 yrs ago

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo
near Creep township

FATHER

13. NAME John Archibald

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I see 7 many

MOTHER

15. MAIDEN NAME Margaret Quirk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) I see 7 many

17. INFORMANT (ADDRESS) Ernest Winkler
Norborne, Mo R.R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Filed DATE June 2 1940

19. FUNERAL DIRECTOR (ADDRESS) W T Stroud
Norborne, Mo 130

20. FILED 6/3 19 40 Witt Haskins
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1940

22. I HEREBY CERTIFY, That I attended deceased from 3-2- 199 to May-31- 1940

I last saw him alive on May-31- 1940 Death is said to have occurred on the date stated above, at 5 P. m.

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

Pernicious Anemia

Date of onset 3-2-29

Other contributory causes of importance: 7/10

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? no
 If so, specify _____ (Signed) B. C. Cole, M. D.
 (Address) Norborne Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-14-40

STATEMENT BY LICENSED EMBALMER

I, J. P. Stroud, Licensed Embalmer No. 2406

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. P. Stroud
Licensed Embalmer No. 2406

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)