

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

Do not use this space.

23549

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
Township Johnson Primary Registration District No. 5575
City Meriden (No. _____) St. _____ Ward _____

File No. _____
Registered No. 04

2. FULL NAME

Archie Paul Binghamton
(a) Residence, No. _____ 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24/1933</u>			
7. AGE	YEARS	MONTHS	DAYS
	<u>0</u>	<u>4</u>	<u>11</u>
		If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>child</u>		
	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) (STATE OR COUNTRY) <u>Meriden Mo.</u>			
FATHER	13. NAME <u>Archie Binghamton</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>French Village Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Leona Pashia</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Crystal City Mo.</u>		
17. INFORMANT <u>Archie Binghamton</u> (ADDRESS) <u>Meriden Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Meriden</u> DATE <u>7/6/33</u>			
19. UNDERTAKER <u>First York Co.</u> (ADDRESS) <u>Meriden Mo.</u>			
20. FILED <u>7/8/33</u> <u>J. E. Rutledge</u> Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1933
22. I HEREBY CERTIFY that I attended deceased from June 30, 1933 to July 6, 1933.
I last saw him alive on July 5, 1933. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset _____

Other contributory causes of importance: 1077A 101B

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?
If so, specify Dr. O. E. Smalley M. D.
(Signed) _____
(Address) Meriden 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.

AUG 20 1933

