

Information greatly

ly cause of death.

fever (the only defin-  
-pinal meningitis");  
Typhoid fever (never  
pneumonia; Broncho-  
is indefinite); Tubercu-  
etc., Carcinoma, Sar-  
a; "Cancer" is less  
alignant neoplasms);  
heart disease; Chronic  
itory (secondary or  
ed unless important.  
th), 29 ds.; Bronchio-  
port mere symptoms  
henia," "Anaemia,"  
Collapse," "Coma,"  
tal," "Senile," etc.),  
failure," "Haemot-  
Old age," "Shock,"  
definite disease can  
qualify all diseases  
ge, as "PUERPERAL  
etc. State cause for  
aken. For violent  
ally as ACCIDENTAL,  
uch, if impossible to  
ital drowning; Struck  
id of head—homicide;  
The nature of the  
quences (e. g., sepsis,  
of "Contributory."  
se of death approved  
e American Medical

1914  
M. S. Leek  
Registrar.

State of Connecticut Bureau of Vital Statistics

Medical Certificate of Death

- 1. Full name of deceased Sandy Archer
- 2. Primary cause of death Septicemia 3. Duration            days
- 4. Secondary or contributory Alcohol 5. Duration            days

Remarks: I hereby certify that I attended the deceased in last last illness, and that the cause of death was as above stated.

Signature H. King Attending Physician  
Capacity in which he signs  
Dated July 11 1914 Address Windsor

Undertaker's Certificate Personal and Statistical

1. Full name of deceased Sandy Archer  
2. Place of death—Town Windsor No. Hayden Station Street            Ward           

3. Number of families in house One  
4. Residence at time of death Windsor Conn. State or Country             
5. Occupation Farmer

6. Condition (state whether single, married, divorced or widowed) Widowed

7. If wife or widow, give name of husband             
8. Date of death—year 1914, month July, day 9

9. Date of birth—year 1802, month           , day             
10. Age 112 years,            months,            days

11. Sex Male Color White State or Country Maryland

12. Birthplace—Town            State or Country           

13. Father's name in full Dont know State or Country           

14. Mother's maiden name            State or Country           

15. Mother's birthplace—Town            State or Country           

16. Place of burial Hayden Station Cemetery New ( Zion )  
17. Name of informant            Address           

18. Was body embalmed Yes If so name of embalmer W. S. Leek License No. 324  
19. Signature of Undertaker            Address Windsor Ct

Every item of information should be carefully supplied, and exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. See instructions on back of certificate.