

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

Do not use this space.

13008

1. PLACE OF DEATH

County Jefferson Registration District No. 331
 Township Jefferson Primary Registration District No. 5461
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

James Henry French
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widower
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1898
 7. AGE YEARS 79 MONTHS 8 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21-1928
 17. I HEREBY CERTIFY That I attended deceased from april 1928 to april 21 1928
 that I last saw him alive on april 20 1928 and that death occurred, on the date stated above, at 8:30 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis
90 days (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY Valvular insufficiency
dent (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) G. J. Macri, M. D.
 , 19 (Address) Jamesport Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Home Creek DATE OF BURIAL april 22 1928
 20. UNDERTAKER H. R. Benson ADDRESS Jamesport

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

Ken
 10. NAME OF FATHER John French
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ken
 12. MAIDEN NAME OF MOTHER Rachel Bonta
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ken

14. INFORMANT Leo French
 (Address) Jamesport

15. FILED 42828 J. E. Hobbs REGISTRAR

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Grundy Registration District No. 331 File No.
 Township Jefferson Primary Registration District No. 5-461 Registered No.
 City (No.) St. Ward (No.)

2. FULL NAME

Jacob Henry French

(a) Residence. No. Sy. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) w

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21 1928

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

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about mo 1848

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

CONTRIBUTORY (SECONDARY)

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration)..... yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.

, 19 (Address)

*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.

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

20. UNDERTAKER ADDRESS

14. INFORMANT (Address)

15. FILED 4-28 1928 J. E. Hobbs REGISTRAR

SUPPLEMENTARY

REGISTRATION FEE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-15003