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

Do not use this space.

575

1. PLACE OF DEATH
County: Cass
Township: Everett
City: ..... (No. ..... St. ..... Ward)
Registration District No.: 1457
Primary Registration District No.: 52211
File No.: .....
Registered No.: 4

2. FULL NAME: John M. French

(a) Residence. (No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 49 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sue E French

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 10th 1853

7. AGE: Years 75 Months 7 Days 5 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Mo.

PARENTS
10. NAME OF FATHER: William French
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.
12. MAIDEN NAME OF MOTHER: Talitha Kelly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: W W French
(Address) R. 1, Archie, Mo

15. FILED: Jan 14, 1929 Dr B. B. Lux REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 15 1929

17. I HEREBY CERTIFY: That I attended deceased from 11-7-, 1928, to 1-15, 1929 that I last saw him alive on 12-30, 1928, and that death occurred, on the date stated above, at 1 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation + Chronic Endocarditis
92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 90W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) David Sharp, M. D
1/15, 1929 (Address) Harrisonville 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: Everett Cemetery
DATE OF BURIAL: 1/17 1929

20. UNDERTAKER: Runnenburger Bros Ld
ADDRESS: Harrisonville

WRITE PLAINLY, WITH UNFADING INKNOTHING 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.