

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

Do not use this space.

29410

**1. PLACE OF DEATH**

County CLAY

Registration District No. 198

Township FISHING RIVER

Primary Registration District No. 3011

City EXCELSIOR SPRINGS No. \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 81

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs Eddie French

(a) Residence. No. 214 Spring St., Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

FEMALE

**4. COLOR OR RACE**

WHITE

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

Widowed

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

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

Mar, 1846

**7. AGE**

YEARS	MONTHS	DAY	IF LESS than 1 day, .....hrs. or .....min.
<u>84</u>	<u>6</u>	<u>4</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Stew Bend

(STATE OR COUNTRY)

New York

**10. NAME OF FATHER**

William Hill

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Lora Clark

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14.**

INFORMANT William Hill

(Address) Excelsior Springs Mo.

**15.**

FILED 9/4

19 30 yr. W. Craven REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) SEPT 4TH 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 24 1930, to Sept 4 1930, that I last saw him alive on Sept 4 1930 and that death occurred, on the date stated above, at 2 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute myocarditis  
93A  
125B

CONTRIBUTORY slight acute (SECONDARY) few hrs (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRIBUTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) G. D. Craven M. D.

9/4 1930 (Address) EXCELSIOR SPRINGS 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**

DATE OF BURIAL

Marion Iowa

SEPT 6 1930

**20. UNDERTAKER**

ADDRESS

John C. Prather Excelsior Springs Mo

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.

OCT 28 1930

