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

Do not use this space.

28552

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1001

File No.

Registered No. 912

1. PLACE OF DEATH

County Buchanan

Registration District No.

Primary Registration District No.

Township

City St. Joseph, (No. 401 Middleton St. Ward)

2. FULL NAME Josephine B. French,

(a) Residence, No. 401 Middleton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 24 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 James T. French,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1856

7. AGE: Years 76 | Months 6 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,

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) Schuyler Co., Missouri,

FATHER

13. NAME John C. Bass,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER

15. MAIDEN NAME Sophie Tobin,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT Mrs C. C. Courtney
(ADDRESS) 401 Middleton Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Sept. 26th. 1932

19. UNDERTAKER Weaton-Bigoly-Bowman
(ADDRESS) 319 S. 10th. St. Funeral Home

20. FILED 9-26-32 19 John T. Bender Jr.
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from June, 1930, to Sept 23, 1932

I last saw her alive on Sept. 22, 1932. Death is said to have occurred on the date stated above, at 8:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pericarditis	1930
90	
119	
160	

90

Other contributory causes of importance:

Senility

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

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? no

If so, specify

(Signed) Dr. John P. Kerr, M. D.

(Address) 209-210 Kirkpatrick Bldg. St. Joseph. Mo.