WRITE PLAINLY, WITH UNFADING INK--THIS 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.

OCT 30 1932

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

Do not use this space.

31261

1. PLACE OF DEATH

108 County Vernon — Registration District No. 875 — File No.

Township Washington — Primary Registration District No. 6162 — Registered No. 208

City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Edwin William French

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

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Herbina Ruphina French

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 5, 1861

7. AGE: YEARS 70 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Railroad
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Employee 210M
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): Clinton Co., Illinois

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Mahala Reynolds
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Pearl Phelps, R.F.D.2, Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pittsburg, Kansas DATE: Sept. 20, 32.

19. UNDERTAKER (ADDRESS): Ferry Funeral Home, Nevada, Missouri.

20. FILED 10-10, 1932 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 30 P. m.

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

Killed in auto Neck: Broken neck. Autos come to gather on County Highway Blind Crossing

Date of onset

Other contributory causes of importance:

210 (5)

Name of operation: none — Date of: —

What test confirmed diagnosis? none — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident — Date of injury ....., 19.....

Where did injury occur? country road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Auto Collision

Nature of injury: Broken neck.

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) M. E. Ferry Coroner M.D.

(Address) Nevada Mo