

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.

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

Do not use this space.

36953

File No. _____
Registered No. 108 _____
St. _____ Ward _____

1. PLACE OF DEATH

County Jefferson Registration District No. 421
Township Jefferson Primary Registration District No. 5575
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Timon J. French
(a) Residence, No. Crystal City St. _____ 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada French
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 9 - 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 7 1

79
OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. glass worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. P. Glass Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.13. NAME Tomas French14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.15. MAIDEN NAME Anna Madock16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perryville Mo.17. INFORMANT Lloyd French (ADDRESS) Crystal City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. Paris DATE Nov. 22, 193319. UNDERTAKER Wm + Barnhart (ADDRESS) Crystal City, Mo.20. FILED 11/22 33 J. E. Dethlefs Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/20 - 193322. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1933 to Nov. 20 1933I last saw him alive on Nov. 19 1933 Death is said to have occurred on the date stated above, at 6:00 p.

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

Cerebral apoplexy

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? No23. 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) J. E. Dethlefs _____, M. D.
(Address) Crystal City Mo

Date of onset

Nov. 19/33

