

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

Do not use this space.

17877

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near Farmington, Mo. City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 76

2. FULL NAME Mary 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 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 Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-24-87

7. AGE YEARS 48 MONTHS 10 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 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) Leoti (STATE OR COUNTRY) Kansas

MOTHER 13. NAME Chas. R. Manassa
 14. BIRTHPLACE (CITY OR TOWN) Detroit (STATE OR COUNTRY) Mich.

15. MAIDEN NAME Virginia V. Kerr

16. BIRTHPLACE (CITY OR TOWN) Promise City (STATE OR COUNTRY) Iowa.

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Hill Cemetery DATE 7/11

19. UNDERTAKER Alexander Jones (ADDRESS) 617 West Belmont Blvd. St. Louis, Mo.

20. FILED May 9 1934 V. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-10, 1934, to 5-9, 1934

I last saw her alive on 5-9-, 1934. Death is said to have occurred on the date stated above, at 3:22 Pm.

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

General Paresis 1929
 Bronchopneumonia 5-8-34

Other contributory causes of importance:
 Dermatitis exfoliativa (arsenical) 4/22/34
 Aortic Regurgitation ?

Name of operation None Date of _____
 What test confirmed diagnosis? Clin. & Lab. 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) C. C. Ault, M. D.
 (Address) Farmington, Mo.

JUN 26 1934

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.

