

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JAN 21 1936

18-53

42110

1. PLACE OF DEATH

County Saling  
Township Marshall  
City Marshall (No. ....)

Registration District No. 796  
Primary Registration District No. 6039

File No. ....  
Registered No. 189 St. .... Ward)

2. FULL NAME

Frank V. Cavalier

(a) Residence, No. R. 710 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF minnie years  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 10 12

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1935  
22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1935, to Dec 29, 1935  
I last saw h<sup>e</sup> alive on Dec 26, 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Farmer  
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.....

Cerebral Hemorrhage  
Secondary to first on 7/24/35  
Other contributory causes of importance:  
arterial sclerosis 1928

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonnetsville, Miss  
13. NAME Francis Cavalier  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France  
15. MAIDEN NAME Sophie Gausman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

Name of operation ..... Date of .....  
What test confirmed diagnosis? Culture Was there an autopsy? no

17. INFORMANT Mrs. Mary J. Miller (ADDRESS) Marshall, Miss  
18. BURIAL, CREMATION, OR REMOVAL PLACE Bridge of Cemetery DATE Dec. 31, 1935

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury .....  
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 .....

19. UNDERTAKER (ADDRESS) J. L. Surrain  
Marshall, Miss.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) A. H. Anderson, M. D.  
(Address) Marshall, Miss.

20. FILED Dec. 30, 1935 Helene Weston Registrar.  
Deputy

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1  
9  
9

