

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Oregon Registration District No. 633 File No. 31374
 Township Thayer Primary Registration District No. 4982 Registered No. 41
 City Thayer (No. 1) St. Thayer Ward 41

2. FULL NAME John W French
 (a) Residence No. 35 St. 35 Ward. 35
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 35 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 26 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 1 16

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT John French Thayer Mo
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer - Mo DATE 8/12 37

19. UNDERTAKER Geo. Can Thayer Mo
 (ADDRESS)

20. FILED 8.11 1937 George Johnson
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-10-1937

22. I HEREBY CERTIFY That I attended deceased from Aug 8 1937 to Aug 10 1937
 I last saw him alive on Aug 10 1937. Death is said to have occurred on the date stated above, at 9:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Hypertension

Other contributory causes of importance:
82a!

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) P. A. Barnes - M.D., M. D.
 (Address) Thayer, Mo.

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

MOTHER FATHER

Barn.

