

JAN 25 1938

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

Do not use this space.

45434

1. PLACE OF DEATH

County Wayne Registration District No. 890
Township St Francis Primary Registration District No. 6188
City Summitville (No. _____ St. _____ Ward _____)

File No. 47065

Registered No. _____

2. FULL NAME Charles French

(a) Residence, No. Summitville 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25, 1869
7. AGE 67 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Summitville (STATE OR COUNTRY) Mo.

13. NAME Willie French

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

15. MAIDEN NAME _____

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

17. INFORMANT Charles French Jr. (ADDRESS) Summitville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shamba Cem. DATE Dec 1, 1937

19. UNDERTAKER Gray Funeral Service (ADDRESS) Summitville Mo.

20. FILED 12/1 1937 A. S. Templeton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Nov 30, 1937

I last saw him alive on Nov 26, 1937. Death is said to have occurred on the date stated above, at 10.0 m.

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

Myocardial Insufficiency Date of onset 1936

Other contributory causes of importance:

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? NO

If so, specify _____

(Signed) O. A. Myers, M. D.

(Address) Summitville, Mo.

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.

