

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City Kansas City (No. 4232 Campbell)

Registration District No. 399  
 Primary Registration District No. 100

File No. 1601  
 Registered No. 289 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Ada Louise French

(a) Residence, No. 4232 Campbell 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1878

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>59</u>	<u>11</u>	<u>0</u>	

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

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) Sweet Springs (STATE OR COUNTRY) Mo.

13. NAME James Carmack

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

15. MAIDEN NAME Unknown

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

17. INFORMANT William H. French (ADDRESS) 4232 Campbell

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JAN 20

19. UNDERTAKER D.W. Newcomer's Sons (ADDRESS)

20. FILED Jan 19 1938 M. M. Browne Registrar. Asch

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15th 1932 to Jan 18th 1938. I last saw her alive on Jan 17th 1938. Death is said to have occurred on the date stated above, at 3:00A.

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

Chronic Myocarditis Date of onset 1932

Other contributory causes of importance:

Atrial Fibrillation  
Chronic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Irregular heart rate 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) O. Johnson M. D.  
 (Address) 906 Strand Ave.

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.

RECEIVED

FEB 19 1937

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MO. STATE BOARD OF HEALTH

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*Miss C. S. G. J.*