REC'D SEP 9 1938

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

29631
Do not use this space.

1. PLACE OF DEATH
(a) County Oregon — Registration District No. 634
(b) Township Highland — Primary Registration District No. 5837 — Registered No.
(c) City — (d) Street No. — St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 63 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES FRENCH
(a) Residence, No. Koshkonong, Mo. Route 3 St. 652
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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 Annie Rouintree

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 7, 1869

7. AGE: Years 69 — Months 6 — Days 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) August 1937
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME John French
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England.

MOTHER
15. MAIDEN NAME Elizabeth Pace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Mrs. R. L. Tomme
(ADDRESS) Kilgore, Texas.

18. BURIAL, CREMATION, OR REMOVAL Chastian Cem.
PLACE Big Apple Twp. Oregon Co. DATE Sept. 1, 1938

19. FUNERAL DIRECTOR Thornburgh Funeral Home
(ADDRESS) West Plains, Missouri.

20. FILED Sept 4, 1938 Lucinda Smoot
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 30, 1938

22. I HEREBY CERTIFY That I attended deceased from August 24, 1938, to Aug 30, 1938
I last saw alive on Aug 29, 1938. Death is said to have occurred on the date stated above, at 10:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Abscess	8-17-38

Other contributory causes of importance: 187
Chronic Prostatitis
Epilepsy
Syphilis

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) C. W. Cooper, M. D.
(Address) West Plains Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3408

hereby certify that the body recorded on the reverse side of this certificate was embalmed by (not embalmed)

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)