JUN 27 1929

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

Do not use this space.

18987

1. PLACE OF DEATH
County Cedar — Registration District No. 112 — File No.
Township Blackwater — Primary Registration District No. 5886 — Registered No. 6
City (No. St. Ward)

2. FULL NAME Nathan J French
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 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: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 19 1849

7. AGE: 80 Years — Months: 1 — Days: 15 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dent Kinney
(STATE OR COUNTRY) Virginia

PARENTS
10. NAME OF FATHER Dent Kinney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dent Kinney
(STATE OR COUNTRY) Dent Kinney
12. MAIDEN NAME OF MOTHER Dent Kinney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dent Kinney

14. INFORMANT William Smith
(Address) La Monte Mo.

15. FILED May 9 1929 Florence S. Tyler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to May 4, 1929 that I last saw him alive on May 1, 1929, and that death occurred, on the date stated above, at 12:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Degeneration
93C
(duration) 1 yrs. 3 mos. 18 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

906

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) W. E. Walker, M. D
, 19 (Address) La Monte Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Dem. Cemetery — DATE OF BURIAL: May 5 1929

20. UNDERTAKER B. T. Parker — ADDRESS La Monte

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.

WRITE PLAINLY, WITH UNFADING

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