

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.

MAR 24 1931

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

Do not use this space.

5242

1. PLACE OF DEATH
 40 County Grundy Registration District No. 330
 4 Township _____ Primary Registration District No. 307
 7 City Trenton No. 911 Laclede St. _____ Ward) 4
 2. FULL NAME James A French
 (a) Residence, No. 911 Laclede St. 4 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred seven 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF Wife Mrs. J. A French
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 14 1944
 7. AGE YEARS 84 MONTHS 8 DAYS 22 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) 1909 11. Total time (years) spent in this occupation several
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 2
 13. NAME J. A French
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know 31
 15. MAIDEN NAME Dont know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Alice French (ADDRESS) Trenton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE Feb 8 1931
 19. UNDERTAKER M. A. Ross (ADDRESS) Trenton Mo
 20. FILED 7 Feb 1931 E. G. Duffey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6 1931
 22. I HEREBY CERTIFY That I attended deceased from Jan 28 1931 to Feb 6 1931.
 I last saw him alive on July 5 1931. Death is said to have occurred on the date stated above, at 1931 m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset _____
10719
10719
 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? _____
 If so, specify _____
 (Signed) J. M. White _____, M. D.
 (Address) Shelton Mo

