

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

Do not use this space.

594

1. PLACE OF DEATH

County Laclede Registration District No. 237
Township Washington Primary Registration District No. 6329
City South Greenfield, Mo St. _____ Ward _____

File No. _____

Registered No. 2

2. FULL NAME

George Sherman French
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 11 - 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>6</u>	<u>12</u>	

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

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 13 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla, Mo

13. NAME Isaac French

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

15. MAIDEN NAME Emma Sanders

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

17. INFORMANT (ADDRESS) Mrs B. J. Parquedexter
Greenfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Permsboro, Mo DATE 1-20-1932

19. UNDERTAKER (ADDRESS) Fugate Co
South Greenfield, Mo

20. FILED 1-25-1932 J. B. Bell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932, to Jan 23, 1932
last saw him alive on Jan 23, 1932. Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:

myocarditis with cardiac failure
commonly spoken of as
Coronary (Platular) Disease
disease with hypertension

Date of onset

Other contributory causes of importance:
renal & arterial disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No
If so, specify _____

(Signed) H. O. Conway M. D.
(Address) Greenfield, 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.

23 1932

