

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

Do not use this space.

39931 ✓

PLACE OF DEATH

County Jackson
Township Belleville
City Independence

Registration District No. 398
Primary Registration District No. 3019

File No. _____
Registered No. 399
St. _____ Ward) _____

2. FULL NAME

Virginia Bertrude French.

(a) Residence, No. 312 S. Jackson 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. 10 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 Wife J. P. French.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 - 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 - 12 - 17

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

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) (STATE OR COUNTRY) Kansas City Mo

13. NAME Emmett E. Starnes

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

15. MAIDEN NAME Bertrude Hermelink

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo

17. INFORMANT Mrs A M Lovell

(ADDRESS) 115 E Ruby Indep Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Wash Cem DATE Dec 22 1933

19. UNDERTAKER Otto Mitchell

(ADDRESS) Indep Mo

20. FILED Dec 21 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/14/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/11/33, 19, to 12/11/33, 19.

I last saw him alive on 12/11/33, 19. Death is said

to have occurred on the date stated above, at 3 P. m.

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

Broncho-Pneumonia with Blurred Renal Dilatation of Heart Date of onset 12/11/33

Other contributory causes of importance: Acute Hypertension?

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinal 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) W. H. [Signature], M. D.
(Address) Independence

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 26 1934
48
55

2-5-35

