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.

DEC 18 1936

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

Do not use this space.

40874

1. PLACE OF DEATH
County Dunklin
Township Buffalo
City ~~Cardwell~~ (No. ..... St. ..... Ward)

Registration District No. 283
Primary Registration District No. 5402

File No. .....
Registered No. .....

2. FULL NAME Robert Earl 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 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~~) Mamie French

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
42	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Compress
10. Date deceased last worked at this occupation (month and year) Nov 10 1936
11. Total time (years) spent in this occupation 12 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Arc Arkansas

FATHER

13. NAME J. M. French
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Arc Ark

MOTHER

15. MAIDEN NAME Aileen Graham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) J. M. French Rector Ark

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rector DATE Nov 12 1936

19. UNDERTAKER (ADDRESS) W. H. Irby Rector

20. FILED 12-10 1936 E. S. Newsom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on Nov 10, 1936 Death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broken neck causing by being accidentally being struck by car on Highway 25 East of Cardwell -	

Other contributory causes of importance:

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? Accident Date of injury 11/10, 1936
Where did injury occur? East of Cardwell (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Highway
Manner of injury struck by a car
Nature of injury Broken ~~[illegible]~~ neck

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) LeRoy French, M. D.
(Address) Cardwell
for Dr. T. J. Rigdon ~~[illegible]~~ Coroner.