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.

APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No. 10524
Township Fishing River — Primary Registration District No. 3011 — Registered No. 39
City Excelsior Springs, Mo. (No. Veterans Administration Facility St. 3d Ward)

2. FULL NAME FRANCE, Clyde D.
(a) Residence, No. 252 Clay St., Ward. Chillicothe, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 3 mos. 18 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~~ Nona France

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1899

7. AGE: YEARS 40 — MONTHS 2 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME John France
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Lydia Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chillicothe, Mo. DATE 3-30-39, 19

19. UNDERTAKER (ADDRESS) JOHN C. PRATHER
Excelsior Springs, Mo.

20. FILED 3-31-, 1939 Rosena McCracken
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1938, 19, to Mar. 30, 1939, 19
I last saw him alive on Mar. 30, 1939, 19 Death is said to have occurred on the date stated above, at 7:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

94 P

Other contributory causes of importance:

Name of operation -- Date of --
What test confirmed diagnosis? -- Was there an autopsy? yes

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 John E. Kelly
(Signed) JOHN E. KELLY, MD, Manager, M. D.
(Address) Veterans Administration Facility
Excelsior Springs, Missouri

RECEIVED -
District Health Officer No. 8
District File Number
Date Filed 4/3/39

APR 9 1945