

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

Duffy EA.
 JUN 8 1939

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

18710
 Do not use this space.

1. PLACE OF DEATH *hundy*
 (a) County *hundy* Registration District No. *328*
 (b) Township *Linton* Primary Registration District No. *3017* Registered No. _____
 (c) City *Linton* (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Benton F. French*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

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 *Mrs Anne French*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 22, 1871*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>68</i>	<i>0</i>	<i>3</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *retired*

9. Industry or business in which work was done, as 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) *Missouri*

FATHER 13. NAME *Laylor French*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dont Know*

MOTHER 15. MAIDEN NAME *Dont Know*

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

17. INFORMANT (NAME) *Laurel French*
 (ADDRESS) *Linton Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maple Grove* DATE *3/28/39*

19. FUNERAL DIRECTOR (NAME) *Hypsons*
 (ADDRESS) *Linton Mo*

20. FILED *3/28 1939* *Irma D. Fair*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3/26/39* 19__

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *12:15 A.M.*

The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Patient died about 10 minutes before I arrived at his home.

Other contributory causes of importance:
Arterio Sclerosis and Chronic Myocarditis

Name of operation _____ Date of _____
 What test confirmed diagnosis? *History* 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 *E. A. Duffy M.D.*
 (Signed) *E. A. Duffy M.D.* M. D.
 (Address) *Linton Mo.*

Date of onset
March 25-1939

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.

1 X14025

District Inspector Office No. 111
District File Number 39-558
Date Filed JUN 1 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Chas. J. ..., or by

Registered Apprentice No., working under my personal supervision.

Signed *Chas. J. ...*

Licensed Embalmer No. 3109

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.