STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

20612

1 PLACE OF DEATH

County Benton

Civil Dist. 12 or Village Jock or City (No., St.; Ward)

Registration District No. 40312 — File No. 7

Primary Registration District No. 12 — Registered No. 7

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Ferdinand French

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: Jan. 11, 77 (Month) (Day) (Year)

7 AGE: 51 yrs. 7 mos. 18 ds. — If LESS than 1 day, ...hrs. or ...min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Public work
(b) General nature of industry, business, or establishment in which employed (or employer):

196

9 BIRTHPLACE (State or country): Tenn.

PARENTS

10 NAME OF FATHER: Rich French

11 BIRTHPLACE OF FATHER (State or country): Don't know

12 MAIDEN NAME OF MOTHER: Decia Pierce

13 BIRTHPLACE OF MOTHER (State or country): don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Ferdinand French
(Address)

15 Filed ..., 19... C. C. Hollingsworth, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 8 (Month) 29 (Day) 1928 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... M. The CAUSE OF DEATH* was as follows:

Accidentally Killed
By Train Instantly
No Physician

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)

188a

(Duration) ... yrs. ... mos. ... ds.

Signed ..., M. D.
..., 19... Address ...

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS]
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cross Roads — DATE OF BURIAL: 8/30 1928

20 UNDERTAKER: Bivens & Lindsey — ADDRESS: Camden

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. See instructions on back of certificate.