

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 instruction on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Van Buren Co.</u> Township <u>Bradley</u> Inc. Town or City <u>Bee Branch</u>					21. DATE OF DEATH <u>5-26</u> , 19 <u>37</u> (Month, day, year)	
2. FULL NAME <u>Geo W French</u> (a) Residence: No. _____ St. _____ Ward _____ (Usual place of abode) (If non-resident, give city or town and state)					22. I HEREBY CERTIFY, That I attended deceased from <u>4-10</u> , 19 <u>37</u> , to <u>5-26</u> , 19 <u>37</u> I last saw him alive on <u>5-25</u> , 19 <u>37</u> ; death is said to have occurred on the date stated above at _____ m. The principal cause of death, and related causes of importance, were as follows: <u>Gastric carcinoma</u> Date of onset _____	
3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. Single, Married, Widowed, or Divorced (write the word) <u>Married</u>			Other contributory causes of importance:	
6. DATE OF BIRTH <u>Feb 24</u> , 1 <u>860</u> (Month) (Day) (Year)					Name of operation _____ Date of _____	
7. AGE <u>77</u> Years <u>3</u> Months <u>2</u> Days	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>				What test confirmed diagnosis _____ Was there an autopsy? _____	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					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	
10. Date deceased last worked at this occupation (month and year)					Manner of injury _____	
11. Total time (years) spent in this occupation <u>40 yrs</u>					Nature of injury _____	
12. BIRTHPLACE (city or town) (State or country) <u>Canoll Co Tenn</u>					24. Was disease or injury in any way related to occupation of deceased? If so, specify _____	
13. NAME OF FATHER <u>Richard French</u>					(Signed) <u>H. R. Holloway</u> M. D. Address <u>Center Ridge</u>	
14. BIRTHPLACE OF FATHER (city or town) (State or country) <u>Dont know</u>					Address _____	
15. MAIDEN NAME OF MOTHER <u>Mary F. Moore</u>						
16. BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Dont know</u>						
17. INFORMANT (Address) <u>Thomas G. French, Bee Branch, Ark</u>						
18. BURIAL, CREMATION, OR REMOVAL Place <u>Bee Branch</u> Date <u>5/27, 1937</u>						
19. UNDERTAKER (Address) <u>Indian Funeral Home, Conway, Ark</u>						
20. Filed <u>JUL 10 1937</u> Registrar <u>J. H. Hutto</u>						

H. R. Holloway Center Ridge Ark
ARKANSAS STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Do Not Use This Space

1225

Registration District No. 628
Primary Registration District No. 3944 File No. _____
(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs., _____ mos., _____ days. How long in U. S. if of foreign birth _____ yrs., _____ mos., _____ days.