

Size 8 1/2 x 7 1/4
 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 instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
1. PLACE OF DEATH County <u>Shelby</u> Civil Dis. <u>Fifth</u> or Village or City <u>Memphis</u> Registration District No. <u>28005</u> Primary Registration District No. (No. Veterans Administration St. Facility Ward) Length of residence in city or town where death occurred yrs. mos. <u>8</u> ds. How long in U. S. if of foreign birth? yrs. mos. ds.				STATE OF TENNESSEE STATE DEPARTMENT OF HEALTH Division of Vital Statistics CERTIFICATE OF DEATH File No. <u>17464</u> Reg. No. <u>2809</u>	
2. FULL NAME <u>Marshall T. French, C. No. 410-399, Pvt. Co. B.</u> (a) Residence: No. <u>Rt. 6 Paris, Tennessee</u> St., Ward. <u>1</u> (Usual place of abode) (If nonresident give city or town and State)				NON RESIDENT Army	
3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		21. DATE OF DEATH (month, day, and year) <u>August 22, 1933</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Mrs. Bertha French</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>August 14, 1933</u> 19....., to <u>August 22, 1933</u>, 19..... I last saw him alive on <u>August 22, 1933</u>, death is said to have occurred on the date stated above, at <u>10:10 A.M.</u> The principal cause of death and related causes of importance in order of onset were as follows: <u>Pulmonary Abscess</u>	
6. DATE OF BIRTH (month, day, and year) <u>January 27, 1893</u>				Date of onset <u>Unknown</u>	
7. AGE Years <u>40</u> Months <u>6</u> Days <u>25</u> If LESS than 1 day, hrs. or min.		8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		Date of onset <u>Unkn.</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)		Date of onset <u>Unkn.</u>	
11. Total time (years) spent in this occupation <u>Unknown</u>		12. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>			
13. NAME <u>Charles Pinkney French</u>		14. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>			
15. MAIDEN NAME <u>Eunice Bomar French</u>		16. BIRTHPLACE (city or town) (State or country) <u>Tennessee</u>			
17. INFORMANT <u>Patient on admission to hospital</u> (Address)					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Paris, Tennessee</u> Date <u>August 22, 1933</u>					
19. UNDERTAKER <u>J. T. Hinton & Son, Inc.</u> (Address) <u>1160 Union Avenue, Memphis, Tenn.</u>					
20. FILED <u>S. L. 1933</u> <u>L. M. Evans</u> Registrar					
Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? <u>Yes</u> 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..... Was disease or injury in any way related to occupation of deceased? <u>Unknown</u> M. D. specify <u>L. B. WAGNER, M.D., Manager,</u> <u>Veterans Administration Facility</u> <u>Memphis, Tennessee</u>				M. D.	