COMMONWEALTH OF VIRGINIA — CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH — BUREAU OF VITAL RECORDS AND HEALTH STATISTICS

COPY A
FOR BUREAU OF VITAL STATISTICS

REGISTRATION AREA NUMBER: 130
CERTIFICATE NUMBER: 92
STATE FILE NUMBER: 72 019354

DECEDENT

1. FULL NAME OF DECEASED (first) (middle) (last): William B. French
2. SEX: male [X] female [ ]
3. DATE OF DEATH (mo.) (day) (year): June 19, 1972
4. AGE OF DECEASED: 45 years
IF UNDER 1 YEAR: months / days
IF UNDER 1 DAY: hours / minutes
5. COLOR OR RACE: White

PLACE OF DEATH

6. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): The Fauquier Hospital
7. COUNTY OF DEATH: Fauquier
8. CITY OR TOWN OF DEATH (if rural, so state): Warrenton — inside city or town limits? yes [X] no [ ]
9. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH: Hospital Drive

USUAL RESIDENCE OF DECEDENT

10. STATE (OR FOREIGN COUNTRY) OF DECEASED'S RESIDENCE: Virginia
11. COUNTY OF DECEASED'S RESIDENCE: Fauquier
12. CITY OR TOWN OF RESIDENCE: Warrenton — inside city or town limits? yes [X] no [ ]
13. STREET ADDRESS OR RT. NO. OF RESIDENCE: 115 Moffett Ave. 22186

PERSONAL DATA OF DECEDENT

14. NAME OF FATHER OF DECEASED: Willie French
15. MAIDEN NAME OF MOTHER OF DECEASED: Hazel Lynch
16. CITIZEN OF WHAT COUNTRY: U.S.A.
17. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
18. IF MARRIED OR WIDOWED, NAME OF SPOUSE: Louise Castle French
20. IF VETERAN, name war, or if peacetime only, so state: Korea
21. BIRTHPLACE OF DECEASED (state or country): Camden, Tenn.
22. DATE OF BIRTH OF DECEASED (mo.) (day) (year): May 9, 1927
23. USUAL OR LAST OCCUPATION: Equip. Operator
24. KIND OF BUSINESS OR INDUSTRY: Construction
25. INFORMANT — OR SOURCE OF INFORMATION: Mrs. Louise C. French

TO PHYSICIAN:

Complete and sign medical certification (item 26) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "Pending" must be indicated, so state in part I and notify registrar of final decision as soon as possible.

MEDICAL CERTIFICATION

26. CAUSE OF DEATH (Enter only one cause per line for (A), (B), and (C).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	myocardial infarction	4 hrs
DUE TO		
Conditions, if any, which gave rise to immediate cause (A), stating the underlying cause last. (B)	arteriosclerotic heart disease	—
~~DUE TO~~ and (C)	Hypertension 4100	5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (A)

26a. AUTOPSY? yes [ ] no [X]
AUTHORIZED BY:

26b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes [ ] no [ ] unknown [ ]

26c. IF EXTERNAL CAUSE, IT WAS PRIMARY [ ] or CONTRIBUTING [ ] TO CAUSE OF DEATH.
NOTE: IF EXTERNAL CAUSE, NOTIFY MED. EXAMINER

26d. DESCRIBE HOW INJURY OCCURRED. (enter nature of injury in part I or part II)

26e. TIME OF INJURY (mo.) (day) (year) _____ A.M. P.M.

26f. INJURY OCCURRED while at work [ ] not while at work [ ]

26g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)

26h. (city or town) (county) (state): /

26i. I CERTIFY that I attended the deceased from 6-19-72 to 6-19-72 and that death occurred at 12:55 ~~A.M.~~ (PM) from the cause stated above

ACTUAL SIGNATURE: John F. Denton M.D. ADDRESS: (CITY AND STATE) Warrenton, Va. DATE SIGNED: 6-19-72

FUNERAL DIRECTOR

27. BURIAL [X] REMOVAL [ ] CREMATION [ ]
28. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state): Arlington National Cemetery Arlington, Virginia
29. (signature of funeral director or person acting as such): James D. Moser
NAME OF FUNERAL HOME AND ADDRESS: Moser Funeral Home, Inc. Warrenton, Virginia 22186

REGISTRAR

30. (signature of registrar): Mary Sue Green, Dep
DATE RECORD FILED: 6-23-72

MARGIN RESERVED FOR BINDING
IMPORTANT: Use black ribbon in typewriter or print legibly with ball point pen having dark unfading ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

VS. 2 11-61