

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.

1. PLACE OF DEATH				STATE OF TENNESSEE			
County <u>Benton</u>				STATE DEPARTMENT OF HEALTH			
Civil Dis. <u>8</u>				Division of Vital Statistics			
or Village				Registration District No. <u>32</u>			
or City <u>Big Sandy</u>				Primary Registration District No.			
(No., St.; Ward)				File No. <u>5</u>			
(If death occurred in a hospital or institution, give its NAME instead of street and number)				Reg. No. <u>140</u>			
Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. if of foreign birth?.....yrs.....mos.....ds.							
2. FULL NAME <u>G. A. French</u>							
(a) Residence: No. <u>Big Sandy</u> St., Ward.				(If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		21. DATE OF DEATH (month, day, and year) <u>Nov. 28</u> , 19 <u>32</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 26</u> , 19 <u>32</u> , to <u>Nov 28</u> , 19 <u>32</u>			
6. DATE OF BIRTH (month, day, and year) <u>Apr. 2</u> , 18 <u>45</u>				I last saw him alive on <u>Nov 27</u> , 19 <u>32</u> , death is said to have occurred on the date stated above, at <u>12:30</u> p.m.			
7. AGE Years <u>87</u>	Months <u>6</u>	Days <u>20</u>	If LESS than 1 day,hrs. ormin.	The principal cause of death and related causes of importance in order of onset were as follows: <u>Broncho Pneumoniae</u> Date of onset <u>Nov 22</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				Contributory causes of importance not related to principal cause: <u>None</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)				11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) (State or country) <u>Henry Co. Tenn</u>				Name of operation <u>none</u> Date of			
13. NAME <u>A. French</u>				What test confirmed diagnosis? <u>exam</u> Was there an autopsy?			
14. BIRTHPLACE (city or town) (State or country) <u>N. C.</u>				23. If death was due to external causes (violence) fill in also the following:			
15. MAIDEN NAME <u>Bonner</u>				Accident, suicide, or homicide?.....Date of injury..... 19.....			
16. BIRTHPLACE (city or town) (State or country) <u>N. C.</u>				Where did injury occur?..... (Specify city or town, county, and State)			
17. INFORMANT <u>J. P. Baker</u>				Specify whether injury occurred in industry, in home, or in public place.			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Burial Chapel</u> Date <u>11/29/32</u>				Manner of injury.....			
19. UNDERTAKER <u>Benton Laundry</u> (Address) <u>Conover</u>				Nature of injury.....			
20. FILED <u>12-10-</u> 19 <u>32</u> <u>Mrs. S. Highfill</u> Registrar.				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
				If so, specify..... (Signed) <u>C. T. Hicks</u> M. D. (Address) <u>Conover Tenn.</u>			