1 PLACE OF DEATH

County _Eaton_

Township _____

Village _Vermontville_

City _____ (No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No. _2_

2 FULL NAME _Joseph Arnold French_

(a) Residence. No. _____ St., Ward. _____
(Usual place of abode.)   (If non-resident give city or town and State.)
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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _Male_

4 Color or Race _White_

5 Single, Married, Widowed or Divorced (write the word.) _Widower_

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _Fairy French_

6 DATE OF BIRTH (Month, day and year.) _Aug 2 1849_

7 AGE Years _82_ Months _3_ Days _10_ If LESS than 1 day, ___ hrs. OR ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _Retired_
(b) General nature of industry, business, or establishment in which employed (or employer) _Farmer_
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) _Jackson Co Mich_

PARENTS

10 NAME OF FATHER _John French_

11 BIRTHPLACE OF FATHER (city or town) (State or country) _Unknown_

12 MAIDEN NAME OF MOTHER _Almina Hyatt_

13 BIRTHPLACE OF MOTHER (city or town) (state or country) _Vermontville_

14 Informant _Mrs Bessie Cottrell_
(Address) _Springarbor Mich_

15 Filed _Nov 12 1931_ _Chris Kine_ Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) _Nov 12 1931_

17 I HEREBY CERTIFY, That I attended deceased from _____, 19___, to _____, 19___ that I last saw him alive on _Nov 10_, 19_31_ and that death occurred on the date stated above at _6:30_ a.m.

The CAUSE OF DEATH* was as follows: _Arteriosclerosis_ _Angina pectoris_ _Found dead_
(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) _____
(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____ M. D.
Nov 12 1931, Address _Vermontville_

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL _Spring arbor_   Date of Burial _11-12 1931_

2 UNDERTAKER _W H Haldersleben_   Address _Jackson Mich_

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