

STATE OF MAINE
DEPARTMENT OF HEALTH AND WELFARE
CERTIFICATE OF DEATH

69 0595

1. NAME: Frank Alexander French
2. SEX: Male
3. DATE OF DEATH (MONTH, DAY, YEAR): July 13, 1969
4. RACE: white
5. AGE - LAST BIRTHDAY (YEARS) Mo. 75
6. DATE OF BIRTH (MONTH, DAY, YEAR): Sept. 22, 1893
7. COUNTY OF DEATH: Sagadahoc
8. PLACE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY): Bath
9. CITIZEN OF WHAT COUNTRY: USA
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): married
11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Violet Praught
12. SECURITY NUMBER: 007-09-0239
13. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): clerk
14. KIND OF BUSINESS OR INDUSTRY: Shipbuilding
15. CITY, TOWN, OR LOCATION: Bath
16. STREET AND NUMBER: 712 High St.
17. STATE: Maine
18. COUNTY: Sagadahoc

19. NAME: Sylvester French
20. MOTHER-MAIDEN NAME: Mary Smith

21. NAME: William A. French
22. MAILING ADDRESS: 53 Berwick St. So. Portland

23. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE: (a) Acute Heart Block - cardiac
DUE TO OR AS A CONSEQUENCE OF: (b) Arterio-sclerotic Coronary Heart Disease, 14 years
(c) Previous Myocardial Infarctions
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: Instant

24. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a): Carcinoma of the prostate (Gleason's)

25. SUICIDE, HOMICIDE, TERMINATED (SPECIFY):
26. DATE OF INJURY (MONTH, DAY, YEAR):
27. HOUR:
28. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18):

29. AT WORK (YES OR NO):
30. PLACE OF INJURY AT HOME (FARM, STREET, FACTORY, OFFICE BLDG. ETC. (SPECIFY)):
31. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE):

32. DATE OF DEATH (MONTH, DAY, YEAR): 7/13/69
33. AND LAST SAW HIM HER ALIVE ON (MONTH, DAY, YEAR): 7/13/69
34. I DID NOT VIEW THE BODY AFTER DEATH (YES OR NO):
35. DEATH OCCURRED (HOUR):
36. AT THE PLACE ON THE DATE AND TO THE BEST OF MY KNOWLEDGE AS TO THE CAUSE OF DEATH:

37. SIGNATURE: [Signature]
38. DEGREE OR TITLE: M.D.
39. DATE SIGNED (MONTH, DAY, YEAR): 7/15/69

40. ADDRESS - CERTIFIER: 17 Grove St. Bath, Maine
41. STREET OR R.F.D. NO.:
42. CITY OR TOWN:
43. STATE:

44. NAME (TYPE OF PRINT):
45. CEMETERY OR CREMATORY - NAME:
46. LOCATION (CITY OR TOWN, STATE): Dover, New Hampshire

47. FUNERAL HOME, NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Shumway Funeral Service Inc., Bath
48. FUNERAL HOME, NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP):
49. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 7/16/69

50. SIGNATURE: [Signature]
51. REGISTRATION - SIGNATURE: [Signature]
52. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 7/16/69

True Copy Attest

[Signature]
State Registrar

JAN 31 1972