

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29105

**1. PLACE OF DEATH**

County Lachar  
Township Waver  
City Kansas City (No. 4322 Brooklyn)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. 0212  
SL ..... Ward)

**2. FULL NAME**

Alfred A. Breakley  
(a) Residence. No. 4322 Brooklyn St. Ward. ....

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 | 5 | 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Janitor  
(b) General nature of industry, business, or establishment in which employed (or employer) Public School K.K.K.  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William A. Breakley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Margaret Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

**14.**

INFORMANT J. A. Breakley  
(Address) 4322 Brooklyn

**15.**

FILED 10/23 1924 M. M. Lergue  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1924

17. I HEREBY CERTIFY, That I attended deceased from 10/18 1924 to 10/18 1924 that I last saw him alive on Oct 18 1924, and that death occurred, on the date stated above, at 11-45 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Leakage of Heart and dropsy  
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Leakage of Heart.

(Signed) Mrs. K. S. [unclear] M. D.

10/23, 1924 (Address) 1301 Paseo

\*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 additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Hardin, Mo DATE OF BURIAL Oct-24 1924

**20. UNDERTAKER**

Mrs. L. E. Foster ADDRESS K. C. Mo

N. B.—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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

