

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

Do not use this space.

32847

1. PLACE OF DEATH

County Buchanan
Towship
City St. Joseph, Mo. No. 310 South 5th

Registration District No. **85**
Primary Registration District No. 1001

File No.
Registered No. 1246
St. Ward

2. FULL NAME

Kara Alice Breedlove
(a) Residence, No. 310 South 5th St., Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 58 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 17, 1864

7. AGE	YEARS	MONTHS	DAYS	LESS than 1 day, hrs. or min.
	<u>64</u>	<u>8</u>	<u>14</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Keyton
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER John Breedlove

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

12. MAIDEN NAME OF MOTHER Rebecca Breedlove

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

14. INFORMANT C. S. Moore
(Address) 310 South 5th

15. FILED NOV 5 1928 REGISTRAR John B. [Signature]

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 31, 1928

17. I HEREBY CERTIFY, That I attended deceased from April First, 1928, to Oct 31, 1928 that I last saw him alive on 12/31, 1928, and that death occurred, on the date stated above, at 8:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral insufficiency chronic and Chronic nephritis 131
129 W (duration) yrs. 6 mos. 30 ds.

CONTRIBUTORY Arteriosclerosis (SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St Joseph Mo

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. F. Mundy, M. D.

(Address) 211/3, 1929 (Address) 404 So 3d St. St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL Nov 5 1928

20. UNDERTAKER Fleming Funeral Home ADDRESS 1208 Francis

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.

V 20 1928

