

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

Do not use this space.

5423

1. PLACE OF DEATH

County Benton
Township Alexander
City (No.)

Registration District No. 61
Primary Registration District No. 5098

File No.
Registered No. 10
St. Ward

2. FULL NAME

Malinda C. Breshars

(a) Residence No. St. Ward
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-3-1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>59</u>	<u>3</u>	<u>19</u>	<u> </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)

(STATE OR COUNTRY) Benton Co. Mo.

10. NAME OF FATHER F. M. Southard

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

12. MAIDEN NAME OF MOTHER Caroline Pippins

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

14. INFORMANT J. T. Breshars
(Address) Fairfield Mo

15. FILED 4/10/29 J. H. Logan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-22-1929

17. I HEREBY CERTIFY, That I attended deceased from 1929, to February 27, 1929, that I last saw h.e.r. alive on February 22 - 1929, and that death occurred, on the date stated above, at 9 2 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
IIA

107A
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 9 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) A. S. Johnston, M. D.

3-10-1929 (Address) Wheatland 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 Spring Branch Cem DATE OF BURIAL 2-23-1929

20. UNDERTAKER Mat. Ketchum ADDRESS Wriston 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.

RECORD

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31
31

23 1929

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