11

MAY 23 1929

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9

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

85

Do not use this space.

13927

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 509

City St Joseph (No. 1406 So 17th St. Ward)

2. FULL NAME Ulysses Grant Breit

(a) Residence. No. 1406 So 17th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
63	7	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Andrew Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Frederick Grant

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

12. MAIDEN NAME OF MOTHER Celestine Turpin

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

14. INFORMANT I F Breit
(Address) 1406 So 17th

15. FILED APR 16 1929 19 John G Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 14 1929

17. I HEREBY CERTIFY, That I attended deceased from April 14, 1929, to April 14, 1929 that I last saw him alive on April 14, 1929, and that death occurred, on the date stated above, at 5 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy.

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) 74 A1

(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?

(Signed) H. D. Kearby, M. D.

4/15, 1929 (Address) 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 Savannah, Mo. — DATE OF BURIAL April 16 1929

20. UNDERTAKER Fleeman 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.

THIS IS A PERMANENT RECORD