

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 9

Do not use this space.

24751
3163

1. PLACE OF DEATH

County Jackson Registration District No. 1002
 Township Law Primary Registration District No. _____
 City Montgall (No. 3114) St. _____ Ward _____

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Margaret Watts Breisch
 (a) Residence. No. 3114 Montgall St. 14 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. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>wh.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED— HUSBAND OF (OR) WIFE OF <u>John J. Breisch</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>3-11-1879</u>				
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>50</u>	<u>4</u>	<u>10</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(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) Wales

10. NAME OF FATHER David Wm. Watts

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

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) No record

14. INFORMANT John J. Breisch
 (Address) 3114 Montgall

15. FILED 7/22/29 1929 M. M. Crowe
 REGISTRAR ack

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1929
 17. I HEREBY CERTIFY, That I attended deceased from _____
Aug, 1911, to July, 1929,
 that I last saw h.is alive on July 21, 1929, and that
 death occurred, on the date stated above, at 3:49 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atrophic Cirrhosis of
liver - 12 1/2
1:15 P.M.
 _____ (duration) yrs. mos. ds.
 CONTRIBUTORY Portal vein obstruction
 (SECONDARY) from unknown cause
 _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 1292 B1
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? microscopy
 (Signed) E. L. Mullen, M. D.
July 21, 1929 (Address) 800 Rialto

*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 Elmwood DATE OF BURIAL July 23 1929
 20. UNDERTAKER Mrs. C. L. Forster ADDRESS City

WRITE PAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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