

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

Do not use this space.

39788

**PLACE OF DEATH**

County Jasper  
Township Wesley  
City Wesley (No. ....) St. .... Ward)

Registration District No. 411  
Primary Registration District No. 2002

File No. ....  
Registered No. ....

**2. FULL NAME**

Mary Breedlove  
(a) Residence. No. 1011 St. 2nd 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
77 40 2

**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) Pike Co. Mo

**10. NAME OF FATHER**

J. F. Zimmerman

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Penn

**12. MAIDEN NAME OF MOTHER**

Jane Baxter

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Penn

**14.**

INFORMANT Martha Helling  
(Address) Wesley, Mo

**15.**

FILED 12/4 1930 Wesley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Case 1, 1930 to Dec 2, 1930 that I last saw her alive on Dec 2, 1930 and that death occurred, on the date stated above, at 2:30 p.m.

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

Arteriosclerosis  
97 (duration) 1 yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

(duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. S. Loveland M.D.

, 19 (Address) Wesley 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**

**DATE OF BURIAL**

Wesley 12/3 1930

**20. UNDERTAKER**

**ADDRESS**

Anderson Undertaking Wesley

WRITE PLAINLY, 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.

JAN 20 1931

