

MAR 24 1931

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

Do not use this space.

5106

1. PLACE OF DEATH

County *Franklin*Registration District No. *293*

File No.

Township *Calvey*Primary Registration District No. *5416*Registered No. *13*

City (No.) St. Ward)

2. FULL NAME

Chester Breazale(a) Residence, No. St., Ward.
(Usual place of abode)Length of residence in city or town where death occurred *3* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Miss Breazale*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 15 - 1855*7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *75 2 29*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer 1*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Farming*10. Date deceased last worked at this occupation (month and year) *12 - 1 - 1920* 11. Total time (years) spent in this occupation. *50 yrs*12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa*13. NAME *Bujirum Breazale*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*15. MAIDEN NAME - *Bartow*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*17. INFORMANT *Mrs. Sus Breazale*
(ADDRESS) *Catawissa Mo*18. BURIAL, CREMATION, OR REMOVAL
PLACE *Pacific Mo* DATE *2/16* 193119. UNDERTAKER *Geo A O'Heath*
(ADDRESS) *Pacific Mo*20. FILED *Feb. 15 1931* *Wale Tm Hale*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 14* 193122. I HEREBY CERTIFY, That I attended deceased from *Nov 10* 1930, to *Feb 14* 1931I last saw him alive on *July 9* 1931. Death is said to have occurred on the date stated above, at *4 P* m.

The principal cause of death and related causes of importance were as follows:

Phlebotomy
928
828
*12 W*Date of onset
*2-1-31*Other contributory causes of importance:
*Chronic valvular heart disease*Name of operation *none* Date of operationWhat test confirmed diagnosis? *clinical* Was there an autopsy? *no*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify(Signed) *A J McRay* M. D.(Address) *Pacific, 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.

