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

Do not use this space.

8825

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 252

City St. Joseph (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME John C Breckenridge

(a) Residence. No. Tourney Mo St., Ward. Tourney Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	7	10	

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 Self

9. BIRTHPLACE (CITY OR TOWN) Bourbon Co.
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER A.A.Breckenridge

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

12. MAIDEN NAME OF MOTHER Rebecca Wilmot

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

14. INFORMANT Robert Breckenridge
(Address) Plattsburg Missouri

15. FILED 3/7, 1931 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 8 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1931, to March 8, 1931 that I last saw him alive on March 7, 1931, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

~~Hypostatic~~ Pneumonia (Lobar)

108

93C

111B (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis — Hypostatic Pneumonia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 3/31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles Greenberg, M. D.

Mar. 9, 1931 (Address) Phys & Surg Bldg.

*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
Plattsburg Mo. Cemetery	Mar. 10 1931

20. UNDERTAKER	ADDRESS
H. O. Sidenfadene	1802 Union st.

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.