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

Do not use this space.

9752

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 134
City Independence (No. T.C.Lee Road. (At His Home) St. Ward)

2. FULL NAME Winfield Harmon Breuning
(a) Residence. No. R.#3 Box 117 Independence, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tennie Mae Breuning

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct.10,1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	39	5	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Car Inspector 11B
(b) General nature of industry, business, or establishment in which employed (or employer) Railroading
(c) Name of employer Kansas City Southern

9. BIRTHPLACE (CITY OR TOWN) Middletown
(STATE OR COUNTRY) Illinois 2

PARENTS
10. NAME OF FATHER Richard Breuning
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Mary Thee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Missouri

14. INFORMANT Dick Breuning
(Address) Hendley, Nebraska.

15. FILED 4-2, 19 31 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 31 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Dep. Coroner ....., 19...., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8:00 A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac Dilatation
95B
69B
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Fatty Degeneration
(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? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
4/2, 19 31 (Address) Independence 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
Mt. Washington	4/3/31 19
20. UNDERTAKER	**ADDRESS**
H. W. STAHL.	INDEP. MO.

APR 23 1931

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.