

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

Do not use this space.

25537

1. PLACE OF DEATH

County Levis
Township _____
City La Grange (No. _____)

Registration District No. 480
Primary Registration District No. 4289

File No. _____
Registered No. 15 St. _____ Ward _____

2. FULL NAME Mary Louisa Breadlove

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 9 mos. 26 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Breadlove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5th 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) La Grange (STATE OR COUNTRY) Missouri

13. NAME Frank Slater

14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

15. MAIDEN NAME Lizzie Johnson

16. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

17. INFORMANT Sam Slater (ADDRESS) La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Grange DATE Aug 3rd 1931

19. UNDERTAKER A.A. Roberts (ADDRESS) La Grange, Mo.

20. FILED Aug 1 1931 H. S. Kelley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1931

22. I HEREBY CERTIFY, That I attended deceased from July 31st, 1931, to July 31, 1931.
I last saw him alive on July 31st, 1931. Death is said to have occurred on the date stated above, at 8:45 p.m.

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

Abute Indigestion Date of onset July 31

92A
118C
[Signature]

Other contributory causes of importance:

Chronic Valvular Heart Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) [Signature], M. D.
(Address) La Grange Mo

AUG 26 1931

