

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

Do not use this space.

36536

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township Marshall

Primary Registration District No. 6039

City Wheatland, Mo.

File No. \_\_\_\_\_

Registered No. 158

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas Richard Breeden

(a) Residence, No. \_\_\_\_\_ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Hamilton

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on No. 8 pipe

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vienna, Mo.

13. NAME Abraham Breeden

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

15. MAIDEN NAME Anna Shakley

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

17. INFORMANT Mrs. T. Breeden (Wife)

18. BURIAL, CREMATION, OR REMOVAL PLACE Linn Co. Ga. DATE Oct. 21, 1931

19. UNDERTAKER J. L. Surrency

20. FILED 10-24, 1931 Mrs. John H. McGuire Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931 to X, 1931

I last saw him alive on X, 1931. Death is said

to have occurred on the date stated above, at 8:20 AM, The principal cause of death and related causes of importance were as follows:

Accidentally being struck and crushed by a moving M. & B. passenger train near Wilton Spig

Other contributory causes of importance:

X 2076

Name of operation X Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 19, 1931

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

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

Manner of injury mangled body

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) B. B. Bradshaw, M. D.

(Address) \_\_\_\_\_

(4)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1931



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Saline  
Township Marshall  
City                      (No.                     )

Registration District No. 796  
Primary Registration District No. 6039

File No.                       
Registered No. 10-8  
St.                      Ward                     

**2. FULL NAME**

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

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. (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) M

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.                     

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) (STATE OR COUNTRY)                     

13. NAME                     

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

15. MAIDEN NAME                     

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL PLACE                      DATE                      19.

19. UNDERTAKER (ADDRESS)                     

20. FILED 10-24 1931 Mrs. John H. McEwen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from                     , to                     , 19                    

I last saw h.                      alive on                     , 19                    . Death is said to have occurred on the                      stated above, at                      m.

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

Accidentally having fallen creased by a train from Wilton Springs mo. to St. Louis mo. The man was trying to remove handcar from track and was caught by train coming around  bend of road

Other contributory causes of importance:                       
Name of operation                      Date                       
What test confirmed diagnosis?                      Was there an autopsy?                     

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)                     , M. D.

(Address)                     

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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