

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.

JUN 29 1932

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

Do not use this space.

16648

1. PLACE OF DEATH  
 55 County Lawrence Registration District No. 471  
 Township Prince Primary Registration District No. 5634  
 City Lawrence (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mabel E. Breden  
 (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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 29-47</u>				
7. AGE YEARS <u>84</u>	MONTHS <u>3</u>	DAYS <u>1</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeper</u>			
	10. Date deceased last worked at this occupation (month and year) <u>1 1/2 years</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
MOTHER FATHER	13. NAME <u>P. Williams</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence, Mo.</u>			
	15. MAIDEN NAME <u>Catherine Bures</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence, Mo.</u>			
17. INFORMANT <u>Walter Breden</u> (ADDRESS) <u>mother 710</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lowell Park</u> DATE <u>June 1, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>W. M. Clark</u> <u>Salina, Kansas</u>				
20. FILED <u>6/7</u> 19 <u>32</u> <u>H. Ross Clark</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 28-1932 to May 30-1932  
 I last saw her alive on May 28-1932 Death is said to have occurred on the date stated above, at 10:50 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Pericarditis  
Nephritis Acute  
130 / 130  
 Other contributory causes of importance: \_\_\_\_\_

Date of onset <u>3-1932</u>
--------------------------------

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) R. A. Ferguson, M. D.  
 (Address) Monett, Mo.

6