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

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.

AUG 22 1932

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

Do not use this space.

22051

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 724
City St Joseph (No. St Joseph Hospital St. Ward)

2. FULL NAME Sherman Boone Breyman
(a) Residence, No. 606½ Messania St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30-1897

7. AGE YEARS 34 MONTHS 11 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop 158
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Store 1
10. Date deceased last worked at this occupation (month and year) July 25
11. Total time (years) spent in this occupation 10 Years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland Kansas

FATHER
13. NAME George Sherman Boone Breyman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

MOTHER
15. MAIDEN NAME Bettie Phelps
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

17. INFORMANT (ADDRESS) Mrs S. Boone Breyman St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Kans DATE 7-25-32 19

19. UNDERTAKER (ADDRESS) Fleeman Funeral Home St Joseph Mo

20. FILED JUL 25 1932 John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1932 to July 23, 1932
I last saw him alive on July 23, 1932 Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ulcerative Colitis — Organism not determined — 131	July 10, 32
Other contributory causes of importance: Alcoholic Neuritis — Chs. Glomerular Nephritis	June 10, 32

Name of operation None Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. G. Thompson, M. D.
(Address) 825 Charles St Joseph, Mo